


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90117 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719813**

1. Corporation Name  
**COMMERCIAL INDUSTRIAL REAL ESTATE BROKERS ASSOCIATION, INC.**

Principal Place of Business 2787 E OAKLAND PK BLVD SUITE 212 FT LAUDERDALE FL 33306 US	Mailing Address 2787 E OAKLAND PK BLVD SUITE 212 FT LAUDERDALE FL 33306 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/08/1970	4. FEI Number 59-1315903	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees.	

9. Name and Address of Current Registered Agent  ALBERTS, KATHLEEN 3195 N POWERLINE RD POMPANO BEACH FL 33069	10. Name and Address of New Registered Agent 81 Name BILL QUINLAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 904 E Cypress Creek Road 84 City Fort Lauderdale FL 85 Zip Code 33334
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *William M. Quinlan* DATE 4-16-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME QUINLAN, BILL STREET ADDRESS 904 E CYPRESS CREEK RD CITY-ST-ZIP FT. LAUDERDALE FL 33334	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD 1.2 NAME Lester A. Byron, Jr. 1.3 STREET ADDRESS 1280 SW 36 AVE #104 1.4 CITY-ST-ZIP Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MORRISON, FRANK B STREET ADDRESS 871 E COMMERCIAL BLVD. CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HOREVITZ, ANN MARIE STREET ADDRESS 2800 E COMMERCIAL BLVD. CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME R. Bruce Smith 3.3 STREET ADDRESS 6400 N Andrews Avenue 3.4 CITY-ST-ZIP Fort Lauderdale FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEVY, ALAN STREET ADDRESS 5353 N FEDERAL HIGHWAY CITY-ST-ZIP FT LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME ALBERTS, KATHLEEN STREET ADDRESS 3195 N POWERLINE RD CITY-ST-ZIP POMPANO BCH FL 33334	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Same 5.3 STREET ADDRESS A 5.4 CITY-ST-ZIP "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SCHILL, W. NICHOLAS STREET ADDRESS 190 W GLADES RD #C CITY-ST-ZIP BOCA RATON FL 33069	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Quinlan* DATE 4-16-99 954-566-5730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)