

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736828** (5)
1. Corporation Name
CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1976	3a. Date of Last Report 08/08/1994
4. FEI Number 59-2266704	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
4190 BELFORD ROAD SUITE 200 JACKSONVILLE FL 32216 US		4190 BELFORD ROAD SUITE 200 JACKSONVILLE FL 32216 US	
21. Principal Place of Business	29. Mailing Address	6500 BEACH BOULEVARD	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State	28. City & State	JACKSONVILLE, FLORIDA	
24. Zip	25. Country	29. Zip	30. Country
		32216	DUAL

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATKINS, ROBERT L. 11518 SAN JOSE BOULEVARD JACKSONVILLE FL 32223				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALVEY, KAY	1.2 NAME	
STREET ADDRESS	2947 BROWARD ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, ROBERT L.	2.2 NAME	
STREET ADDRESS	11518 SAN JOSE BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUTEL, BARBARA	3.2 NAME	
STREET ADDRESS	1301 MONUMENT ROAD, SUITE 9	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	PPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, PAMELA T.	4.2 NAME	
STREET ADDRESS	3547 HENDRICKS AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	TREASURER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT E. SCHALL	5.2 NAME	
STREET ADDRESS	6500 BEACH BOULEVARD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32216	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert E. Schall* **ALBERT E. SCHALL** Date: **4/22/95** Time: **904-725-6570**