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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 736828 (5)

CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.

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F	Principal Place	of Business		Mailing A	Address					1 100011 F0 830 11110 01101 10111	9 11881 1 811 8	1811 8f911 BIWIC 8181	
	4190 BELFOR	RT ROAD		6500 1	BEACH BOULEVAR	RD.							
	SUITE 200			SUITE	200								
	JACKSONVILI	LE FL 32216			SONVILLE FL 3221	6			<u>-</u>	3. Date Incorporated or Qualific	ed 3	a. Date of Last	Report
	US			US						09/16/1976		04/26/	
1	2. Principal Pla	ace of Busine	SS	2a. Maili	ng Address				- f ·	4. FEI Number			Applied For
21				26						59-2266704			Vot Applicable
22	Suite, Apt. #	ŧ, etc.		Suite 27	e, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
Г	City & State			City	& State					6. Election Campaign Financing	9 🔽	\$5.0	May Be
23	3			28						Trust Fund Contribution			d to Fees
	Zip		Country	Zip		Cor	intry		[]	8. This corporation has liability	. •	_	199.032,
24	1		25	29		30				Florida Statutes	_	s 🗌 No	
L		9. Name	and Address of Curre	ent Registered	Agent				1	0. Name and Address of Ne	w Registe	ered Agent	
							81	Name					į
l		ROBERT L					82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
			BOULEVARD										
JACKSONVILLE FL 32223							B3						İ
							84	City				FL.	Code
-	11. Pursuant t	o the provisio	ns of Sections 617,050	submits this statement for the	purpose o	of changing its r	egistered office						
	or registeri familiar wit	ed agent, or t h, and accep	ooth, in the State of Flo t the obligations of, Se	rida. Such chan ction 617.0503,	ige was authorize Florida Statutes.	d by the d	corpc	oration's t	board of	submits this statement for the directors. I hereby accept the a	appointme	nt as registered	agent. I am
1	SIGNATURE												
ļ		Signature, typed o	r printed name of registered ago			E Registered	Agent	signature re	equired wher			ATE CAND FURE CAC	DC IN 10
\vdash	12.	PD	OFFICERS A	ND DIRECTORS		13.		1		ADDITIONS/CHANGES TO C	OFFICERS	Change	
1	NAME	F13			TS25 DELETE	4 4 T)	7) E		D.Y				■ Addition I
1		. –	V VAV		DELETE	1.1 TI			PD	LICER DON		Change	☐ Addition
	I	STALVE			⊠ DELETE	. 1.2 N	AME		DPI	LICER, DON ARLINGTON ROA	ስ ሊተ	⊠ Change	Addition
1	STREET ADDRESS	STALVE 2947 BF	OWARD ROAD		⊠ DELE1E	. 1.2 N . 1.3 S	AME PREET	ADDRESS	PEL 323	ARLINGTON KOA	1D 3221		Addition
L	STREET ADDRESS CITY-ST-ZIP	STALVE 2947 BF JACKSC				1.2 N 1.3 S 1.4 C	AME IREET A	ADDRESS 1-21P	PEL 323 JAC	ARLINGTON KOA KSONVILLE, FL	3221	[Change	
1	STREET ADDRESS CITY-ST-ZIP TITLE	STALVE 2947 BF JACKSC STD	OWARD ROAD INVILLE FL		⊠ DEFE1E	1.2 N 1.3 S 1.4 C 2.1 TI	AME FREET A FLE TLE	ADDRESS 1-21P	PEL 323 JAC	ARLINGTON KOA KSONVILLE, FL	3221	[Change	☐ Addition
7	STREET ADDRESS CITY-ST-ZIP TITLE NAME	STALVE 2947 BF JACKSC STD ATKINS,	OWARD ROAD INVILLE FL ROBERT L.	APD		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	AME TREET I TLF AME	ADDRESS 1-21P	PEL 323 JAC	ARLINGTON KOA KSONVILLE, FL	3221	[Change	
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() 1 1 2 1	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STALVE 2947 BF JACKSO STD ATKINS, 11516 S JACKSO VD	OWARD ROAD INVILLE FL ROBERT L. IAN JOSE BOULEVA	ARD		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	AME TREET A TLE AME TREET A TREET A TLE TREET A TLE	ADDRESS I-ZIP ADDRESS I-ZIP	PRL 323 JACI POE 11981 445 JACK	ARLINGTON ROA KSONVILLE, FL PIS, DEBRA STATE ROAD 13, S CSONVILLE, FL 3	3221 Suite 3225	Change	Addition
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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 eath; that I am an officer or director of the corporation or the regiver 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 agachment with an address.

SIGNATURE:

3/19/46

904-725-6510

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

DELETE

904-725-6510

☐ Change

☐ Addition