

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 4190 BELFORD ROAD, SUITE 200, JACKSONVILLE FL 32216 US
Mailing Address: 6500 BEACH BOULEVARD, SUITE 200, JACKSONVILLE FL 32216 US

3. Date Incorporated or Qualified: 09/16/1976
3a. Date of Last Report: 04/26/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	59-2266704	Applied For	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATKINS, ROBERT L.
11516 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
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	PD STALVEY, KAY 2947 BROWARD ROAD JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD PELLICER, DON 323 ARLINGTON ROAD JACKSONVILLE, FL 32211
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	STD ATKINS, ROBERT L. 11516 SAN JOSE BOULEVARD JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE POED HARRIS, DEBRA 445 STATE ROAD 13, SUITE 11 JACKSONVILLE, FL 32257
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	VD DAUTEL, BARBARA 1301 MONUMENT ROAD, SUITE 9 JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD WATSON, PEGGIE 12041 BEACH BOULEVARD #23 JACKSONVILLE, FL 32246
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE	PPD ATKINS, PAMELA T. 3547 HENDRICKS AVENUE JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PPD ATKINS, ROBERT L. 11516 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	T SCHALL, ALBERT E 6500 BEACH BOULEVARD JACKSONVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE TD SCHALL, ALBERT E 6500 BEACH BOULEVARD JACKSONVILLE, FL 32216
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			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 617, 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 3/19/96 904-725-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)