


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736828 (5)**

1. Corporation Name  
**CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.**



Principal Place of Business <b>4180 BELFORT ROAD SUITE 200 JACKSONVILLE FL 32216 US</b>	Mailing Address <b>6500 BEACH BOULEVARD SUITE 200 JACKSONVILLE FL 32216-2815 US</b>
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3. Date Incorporated or Qualified <b>09/16/1976</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>59-2266704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name Debra Harris**  
**82 Street Address (P.O. Box Number is Not Acceptable) 445 S.R. 13, Ste 11**  
**83 32259**  
**84 City Jacksonville FL 85 Zip Code 32259**

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: *Pamela T. Atkins* *Debra Harris* 1/17/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD PELLICER, DON	<input type="checkbox"/> DELETE	1.1 TITLE	PD Debra Harris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	323 ARLINGTON ROAD		1.2 NAME	445 S. R. 13, STE 11	
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET ADDRESS	Jacksonville FL	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	POED HARRIS, DEBRA	<input type="checkbox"/> DELETE	2.1 TITLE	POED Raymond Harris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	445 ST ROAD 13, STE 11		2.2 NAME	445 103rd Street	
STREET ADDRESS	JACKSONVILLE FL		2.3 STREET ADDRESS	Jacksonville FL 32210	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	SD WATTRON, PEGGIE	<input type="checkbox"/> DELETE	3.1 TITLE	SD Martha O'Shields	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12041 BEACH BLVD #23		3.2 NAME	950-17 Blanding Blvd	
STREET ADDRESS	JACKSONVILLE FL		3.3 STREET ADDRESS	Orange Park, FL 32065	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	PPD ATKINS, ROBERT L.	<input type="checkbox"/> DELETE	4.1 TITLE	PPD Don Pellicer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11516 SAN JOSE BLVD		4.2 NAME	323 Arlington Rd	
STREET ADDRESS	JACKSONVILLE FL		4.3 STREET ADDRESS	Jacksonville, FL 32211	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	TD SCHALL, ALBERT E	<input type="checkbox"/> DELETE	5.1 TITLE	TD Pamela T. Atkins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6500 BEACH BOULEVARD		5.2 NAME	3547 Hendricks Avenue	
STREET ADDRESS	JACKSONVILLE FL		5.3 STREET ADDRESS	Jacksonville FL 32207	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Pamela T. Atkins* *Debra Harris* 1/17/97 904/399-0404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 9000881

CFR2E037 (9/96)