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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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



2. Principal Place of Business: 21 11516 San Jose Blvd., Suite, Apt. #, etc.
2a. Mailing Address: 28 11516 San Jose Blvd., Suite, Apt. #, etc.
3. Date incorporated or Qualified: 09/16/1976
4. FEI Number: 59-2266704 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: HARRIS, DEBRA, 445 S.R. 13, SUITE 11, JACKSONVILLE FL 32259
10. Name and Address of New Registered Agent: 81 Name: Robert L. Atkins, 82 Street Address: 11516 San Jose Blvd., 83 Jacksonville, FL 32223, 84 City: Jacksonville, FL, 85 Zip Code: 32223

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: *Robert L. Atkins* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PPD	NAME: MANN, L. CHARLES	1.1 TITLE: President / D PD	1.2 NAME: Robert L. Atkins
STREET ADDRESS: 323 ARLINGTON RD	CITY-ST-ZIP: JACKSONVILLE FL 32211	1.3 STREET ADDRESS: 11516 San Jose Blvd,	1.4 CITY-ST-ZIP: Jacksonville, FL 32223
TITLE: PD	NAME: FERREIRO, ROBERT P	2.1 TITLE: President Elect / D PE/D	2.2 NAME: Dirk Shroder
STREET ADDRESS: 308 CENTRE ST	CITY-ST-ZIP: FERNANDINA BEACH FL 32034	2.3 STREET ADDRESS: 2820 US1 South, Century Plaza	2.4 CITY-ST-ZIP: St Augustine, FL 32086
TITLE: POED	NAME: HARRIS, RAYMOND	3.1 TITLE: Vice President / D VP/D	3.2 NAME: Richard Sartor
STREET ADDRESS: 6945 103RD ST	CITY-ST-ZIP: JACKSONVILLE FL 32210	3.3 STREET ADDRESS: 2413 South 3rd St.	3.4 CITY-ST-ZIP: Jacksonville Beach, FL 32250
TITLE: SD	NAME: WALTTRON, PEGGY	4.1 TITLE: Secretary / D S/D	4.2 NAME: Diane Matthews
STREET ADDRESS: 12041 BEACH BLVD., #23	CITY-ST-ZIP: JACKSONVILLE FL 32246	4.3 STREET ADDRESS: 2947 Broward Road	4.4 CITY-ST-ZIP: Jacksonville, FL 32218
TITLE: TD	NAME: FOREHAND, MARIE	5.1 TITLE: Treasurer / D T/D	5.2 NAME: Dorothy Z. Wise
STREET ADDRESS: 6640 103RD ST	CITY-ST-ZIP: JACKSONVILLE FL 32210	5.3 STREET ADDRESS: 1301 Reid Street	5.4 CITY-ST-ZIP: Palatka, FL 32177
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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: *Diane Matthews* SECRETARY Date: 1/28/99 (904) 764-6100 Daytime Phone #

CR2E037 (11/98)