

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F58264 (5)

1. Corporation Name

COLDWELL BANKER MAJOR LEAGUE REALTY, INC.



Principal Place of Business

Mailing Address

176 CORBIN PARK RD
NEW SMYRNA BEACH FL 32168
US

P.O. BOX 9282
DAYTONA BEACH FL 32120

3. Date Incorporated or Qualified

12/11/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1425 Taylor Rd

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 32124 25 USA

4. FEI Number

59-2316477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALERNO, MARGARET R.
6206 SOUTH ATLANTIC AVENUE
NEW SMYRNA BCH., FL 32169

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOT L. Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SALERNO, MARGARET R.
STREET ADDRESS 6206 S ATLANTIC AVE.
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE V ☐ DELETE

NAME SALERNO, STEVEN J
STREET ADDRESS 6206 S ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE SVP ☐ DELETE

NAME ERDMAN, HOWARD
STREET ADDRESS 66 INLET HARBOR RD
CITY-ST-ZIP PONCE INLET FL

TITLE VP ☐ DELETE

NAME PALMER, CAROLE
STREET ADDRESS 3903 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001838274
-05/24/96--01031--016

***200.00

☐ Change ☐ Addition

5/1

32

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven G. Salerno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

904-760-3077
Daytime Phone #

CR2E034 (12/95)