

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90135 003 \*\*\*150.00

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1. Corporation Name

CUMBERLAND BROKERAGE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
614 LANDIS AVE.  
VINELAND NJ 08360

Mailing Address  
P.O. BOX 663  
VINELAND NJ 08360

3. Date Incorporated or Qualified

12/02/1994

4. FEI Number

52-1694636

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 614 Landis Ave.

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

GOLDBERG, SHELDON E  
UNIT B-509 L'ELEGANCE ON LIDO BEACH  
1800 BENJAMIN FRANKLIN DRIVE  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PT  
NAME GOLDBERG, SHELDON E  
STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME BRUCE, ELLYN H  
STREET ADDRESS 11945 E. BARBARY COAST RD.  
CITY-ST-ZIP TUCSON AZ 85749

TITLE S ☐ DELETE

NAME GOLDBERG, ANTONIA A  
STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME BENEFIELD, TERRY A.  
STREET ADDRESS 2233 PARK AVE., STE. 304  
CITY-ST-ZIP ORANGE PARK 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

4771 North Creosote Place  
Tucson, AZ 85749

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

2223 Astor St., Tr. #7  
Orange Park FL 32073

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

609-696-3400

CR2E034 (11/98)