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 Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90043 035 ***150.00

DOCU	MENT # G34419	9							
Corporation SOUTHE	ASTERN REGIONAL BROK	ERAGI	E, INC.						
Principal Place	of Dupings		uling Address						HANN BINNI (BB)
			00 SW 20 ST						
13800 S.W. 20 ST									
J							DO NOT WRITE IN THIS	SPACE	
							Date Incorporated or Qualifed O2/04/4002		
							03/31/1983 4. FEI Number	1 1	plied For
	lace of Business	-	Mailing Address				59-2273580	<u> </u>	t Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.		_			\$8.75	
22	#, etc	27	, , , , , , , , , , , , , , , , , , ,				5. Certificate of Status Desired	Fee Re	
City & State	e		City & State	-		-	6. Election Campaign Financing	\$5.00	Мау Вє
23		28					Trust Fund Contribution	Added t	o Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Inta		
24	25	29		30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Regis	tered Agent		24		10. Name and Address of New Registered	Agent	
LICH	IER, JEFFREY ALAN			'	81	Name			
	00 S.W. 20 ST				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E FL 33325				83				
DATE	E 1 E 55025			,	03				
					84	City	FL	85 Zip (Code
11 Diverget	to the provincions of Sections 507.05	in2 and 6	07 1508 Florida Stati	ites the a	hove	e-named corr	poration submits this statement for the ourpose of	hanging its	registered
office or re	egistered agent or both in the State	e of Florid	la. Such change was:	authorized	l bv	the corporati	tion's board of directors. I hereby accept the appoint	itment as re	gistered
agent. I a	m familiar with and accept the oblig	ations of,	Section 607 0505. FI	lorida Stati	ntes				
SIGNATURE	Signature typed or printed name of registered ag	ent and title i	t appricable iND1	TE Registered	top.r	1 Signature region	red when reinstalings OATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD		☐ DELETE	1370	ηE			☐ Change	Acdition
NAME	FISHER, JEFFREY A			1.2 NA	ME	1			
STREET ADDRESS	13800 S.W. 20 ST			1 3 ST	REET	ADDRESS			
CITY-S1-ZIP	DAVIE FL 33325-6015			140	TY-S	1-ZIP :			
TITLE	SD	☐ DELETE			LE			Change	☐ Acdition
NAME:	FISHER, JANET			22 NA					
STREET ADDRESS	7375 S.W. 141 TERRACE			l l		ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33158		. Don't to	ر له ي		T ZIP		, , Change	[] Addition
TITLE			, Deleté	3 1 7 1				, joiningt	11.000000
NAMÉ				32 N4					
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP			DELETS	34 C		I ZIP		Change	☐ Addition
TITLE				4 2 N					
NAME				- 1		ADDRESS			
STREET ADDRESS				44 CI					
CITY-ST-ZIP TITLE			☐ DELETÉ	5170		1-475		Change	Addition
				52 N					İ
NAME STREET ADDRESS	_			U		1 ADDRESS			-
CITY-S1-ZIP	•			II II		T ZIP			
TITLE			i DELETE	61 TI				Change	☐ AgJition
NAME				62 N	WF				
STREET ADDRESS				6 ° S	REE	I ADDRESS			
				IJ					

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 suppliemental 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

SECRETARY

1/20/99

305-233-4277

CR2E034 (11/98)