

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT 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 # H13670 (5)**

1. Corporation Name  
**EIA BROKERAGE, INC.**



Principal Place of Business <b>11686 MAIDSTONE DRIVE WEST PALM BEACH FL 33414</b>	Mailing Address <b>11686 MAIDSTONE DRIVE WEST PALM BEACH FL 33414-7057</b>
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3. Date Incorporated or Qualified <b>07/24/1984</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-2516363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>1500 Corporate Cntr. Way</b> Suite, Apt. #, etc. <b>Suite 203</b> City & State <b>West Palm Beach, FL</b> Zip <b>33414-7057</b>	26. <b>1500 Corporate Cntr. Way</b> Suite, Apt. #, etc. <b>Suite 203</b> City & State <b>West Palm Beach, FL</b> Zip <b>33414-7057</b>
25. <b>U.S.A.</b>	30. <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>RYBKA, LAWRENCE J 11686 MAIDSTONE DRIVE WEST PALM BEACH FL 33414</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>1500 Corporate Center Way</b> 83. <b>Suite 203</b> 84. City <b>West Palm Beach</b> 85. Zip Code <b>FL 33414</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>CPD</b>	<input type="checkbox"/>
NAME	<b>RYBKA, LAWRENCE S</b>	
STREET ADDRESS	<b>11686 MAIDSTONE DRIVE</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>SEIFERT, CHERYL</b>	
STREET ADDRESS	<b>567 HAMPSHIRE ROAD</b>	
CITY - ST - ZIP	<b>FAIRLAWN OH</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>RYBKA, LAWRENCE J</b>	
STREET ADDRESS	<b>6690 BETA DR. #210</b>	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>1500 Corporate Center Way, Ste. 203</b>		
1.4 CITY - ST - ZIP	<b>West Palm Beach, FL 33414-7057</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>3690 Orange Place, Suite 300</b>		
3.4 CITY - ST - ZIP	<b>Beachwood, OH 44122</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: **1-23-97** DAYTIME PHONE #: **561 78444**

CR2E034 (9/96)