

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90216 019 ***150.00

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DOCUMENT # H13670

1. Corporation Name

EIA BROKERAGE, INC.

Principal Place of Business

1500 CORPORATE CNTR. WAY
SUITE 203
WELLINGTON FL 33414
US

Mailing Address

1500 CORPORATE CNTR. WAY
SUITE 203
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/24/1984

4. FEI Number

59-2516363

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BLOOMFIELD, ROBERT L. C
8900 STIRLING RD
SUITE 243
COOPER CITY FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1601 No. Palm Avenue

83 Suite 203

84 City
Pembroke Pines

FL

85 Zip Code
33026

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

TITLE CPD ☐ DELETE
NAME RYBKA, LAWRENCE S
STREET ADDRESS 1500 CORPORATE CENTER WAY, SUITE 203
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD ☐ DELETE
NAME RYBKA, CHERYL
STREET ADDRESS 1500 CORPORATE CENTER WAY, SUITE 203
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ DELETE
NAME RYBKA, LAWRENCE J
STREET ADDRESS 3690 ORANGE PLACE, SUITE 300
CITY-ST-ZIP BEACHWOOD OH

TITLE SD ☒ DELETE
NAME MEYER, MELINDA
STREET ADDRESS 1500 CORPORATE CNTR. WAY
CITY-ST-ZIP WELLINGTON FL 33414

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 VDS ☒ Change ☐ Addition
2.2 NAME Rybka-Kniskern, Cheryl A.
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

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 #

CR2E034 (11/98)