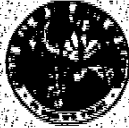


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 17 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H46935** (3)

1. Corporation Name  
**CONTINENTAL REAL ESTATE BROKERS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>4801 S. UNIVERSITY DRIVE<br/>SUITE 252<br/>DAVIE FL 33328</b> | Mailing Address<br><b>4801 S. UNIVERSITY DRIVE<br/>SUITE 252<br/>DAVIE FL 33328</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/13/1985</b>   | 3a. Date of Last Report<br><b>08/26/1994</b>           |
| 4. FEI Number<br><b>59-2513236</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---|--|

9. Name and Address of Current Registered Agent

**WOLOWITZ, WILLIAM  
4801 S. UNIVERSITY DRIVE  
STE. 252  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>B1</b> Name   |
| <b>B2</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>B3</b>  |
| <b>B4</b> City   |
| <b>B5</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | <b>P</b>                                |
| NAME            | <b>BRANDON, MELBOURNE</b>               |
| STREET ADDRESS  | <b>100 SW 130 TERR. #304</b>            |
| CITY - ST - ZIP | <b>PEMBROKE PINES FL</b>                |
| TITLE           | <b>ST</b>                               |
| NAME            | <b>WOLOWITZ, BELINDA</b>                |
| STREET ADDRESS  | <b>4801 SW UNIVERSITY DRIVE ST. 252</b> |
| CITY - ST - ZIP | <b>DAVIE FL</b>                         |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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 110.07(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: Belinda Wolowitz - BELINDA WOLOWITZ SECRETARY 4/10/95 (305) 680-6335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Use the 1995 form)