

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90083 028 ***150.00

DOCUMENT # H46935

1. Corporation Name

CONTINENTAL REAL ESTATE BROKERS, INC.

Principal Place of Business

4801 S. UNIVERSITY DRIVE
SUITE 252
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DRIVE
SUITE 252
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1985

4. FEI Number

59-2513236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 7501 N.W. 4th STREET

Suite, Apt. #, etc.

22 Suite 212

City & State

23 PLANTATION, FLORIDA

Zip

24 33317

Country

25 U.S.A.

2a. Mailing Address

26 7501 N.W. 4th STREET

Suite, Apt. #, etc.

27 Suite 212

City & State

28 PLANTATION, FLORIDA

Zip

29 33317

Country

30 U.S.A.

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

81 Name WOLOWITZ, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable) 7501 N.W. 4th STREET
83 Suite 212
84 City PLANTATION FL 85 Zip Code 33317

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

William Wolowitz - WILLIAM WOLOWITZ

2/23/99

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRANDON, MELBOURNE
STREET ADDRESS 100 SW 130 TERR. #304
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ST ☐ DELETE

NAME WOLOWITZ, BELINDA
STREET ADDRESS 4801 SW UNIVERSITY DRIVE ST. 252
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ST WOLOWITZ, BELINDA
2.3 STREET ADDRESS 7501 N.W. 4th STREET - Suite 212
2.4 CITY-ST-ZIP PLANTATION, FL 33317

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:

Belinda Wolowitz - BELINDA WOLOWITZ

2/23/99 954-587-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0299790