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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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 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 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 DATE 2/23/99

12. OFFICERS AND DIRECTORS P BRANDON, MELBOURNE 100 SW 130 TERR. #304 PEMBROKE PINES FL ST WOLOWITZ, BELINDA 4801 SW UNIVERSITY DRIVE ST. 252 DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ST WOLOWITZ, BELINDA 2.2 NAME 2.3 STREET ADDRESS 7501 N.W. 4th Street - Suite 212 2.4 CITY-ST-ZIP PLANTATION, FL 33317

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 DATE 2/23/99 DAYTIME PHONE # 954-587-1070

CR2E034 (11/98)