

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90083 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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.
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3. Date Incorporated or Qualified 03/13/1985	4. FEI Number 59-2513236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85 State FL	86 Zip Code 33317
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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: *William Wolowitz* - **WILLIAM WOLOWITZ** DATE: **2/23/99**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BRANDON, MELBOURNE
STREET ADDRESS	100 SW 130 TERR. #304
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	WOLOWITZ, BELINDA
STREET ADDRESS	4801 SW UNIVERSITY DRIVE ST. 252
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)