FILE	NOW: FILI	NG FEE AFT	ER MAY 1	S \$2	5.00	)			
PROFIT CORPORATION ANNUAL REPORT 1996			CLORIDA DEPARTMENT OF STATE Sandra B. Model of Socretary of Sta Division of Corpolations						
DOCUMENT # H8274			6 (9)						
•		OND BROKERAG	E, INC.	1			I IRĀKOKI BIRN IRĪJUR KIRNI KRRIK OKI	lië Gili žizil Gi <del>j</del> i	i digil aldırı giğil diğir iddi
Principal Place of Business Mailing Address									
400 SWEETWATER CLUB PLACE LONGWOOD FL 32779			400 SWEETWATER CLUB PLACE LONGWOOD FL 32779						
							3. Date Incorporated or Qualified 10/23/1985	)	Last Report 1/27/1995
2. Principal Plac	e of Business		. Mailing Address				4. FEI Number		Applied For
21 Suite, Apt. #,	e'c	26	Suite Apt. #, etc.				59-2607051		Not Applicable  \$8.75 Additional
22		27					5. Certificate of Status Desired		Fee Required
City & State		28	Orty & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip <b>24</b>	Coun 25	try 29	Zφ	Cour	try		8. This corporation has liability for i		
		ress of Current Regis	tered Agent	1201			10. Name and Address of New R		ent
	MARY LOU EETWATER CLUB	PLACE			B1 Nar B2 Stre		ess (P.O. Box Number is Not Acceptab	le)	
	OOD FL 32779				93				
				-	84 City			FL	85 Zip Code
or registered	d agent, or both, in th	ctions 607.0502 and 60 ie State of Florida, Suct gations of, Section 607	i change was authoriz	ed by the co	e named Aporatio	d corpora n's board	ation submits this statement for the purp of directors. I hereby accept the appo	nose of chanc	jing its registered office gistered agent. I am
SIGNATURE . si	graturë, typed chipinde Than	n of registered agent at 150 mm.	agginate (MC)	il Heydras A	oje rič sogradi	are respond	White test (Set 19)	CAIL	
12.		OFFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFF	CERS AND D	IRECTORS IN 12
TITLE	Р		DELETE	1.139					Change Addition
NAME STREET ADDRESS	WHITE, MARY 400 SWEETWA			1.2 NA					
CITY - ST - ZIP	LONGWOOD F				EFFADORE KIST-ZID	55			
THLE	CONONOODI	. <u><b>L</b></u>	DELETE	2 1 711				П	Change Addition
NAME				2.2 NAM	ΛE				
STREET ADDRESS				2 3 STH	andda 133	\$3			
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STREET ADDRESS				3.2 NAM	re Pert adore				
CITY-ST-ZIP					7 - \$1 - ZIP	.3			
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NAME				4.2 NAM	AF-				
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CITY-ST-ZIP			Figure	· · · · · · · · · · · · · · · · · · ·	(-S1 ZIP				05
TITLE			☐ DELETE	5 1 10					Change Addition
NAME STREET ADDRESS				5.2 NAM 5.3 STB	rei addre	22			
CITY-ST-7IP					-\$1-7P	~,			

0.3 SINLET ADDRESS
64 CITY ST-ZIP

14. I do hereby certify that the information supplied with this filing is vocunturily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this amount report or supplicational 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:

SIGNATURE:

SIGNATURE:

SIGNATURE

6 1 TITLE

6.2 NAME

DELETE

NAME

☐ Change ☐ Addition