PROFIT . CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H99688**

1. Corporation Name

FIRST FL	ORIDA INVESTMENT BRO	KERS, I	NC.							
Principal Place of Business Mailing Address							I (##I#II) Priva (#III) Priva (#III)	16161 1611 61211 6		
1650 SW 17TH ST CAUSEWAY FT. LAUDERDALE FL 33316 1650 SW 17TH ST CAUSEWAY FT. LAUDERDALE FL 33316				Υ			DO NOT WRITE IN THIS SPACE			
						Ì	3. Date Incorporated or Qualife	ad		
							02/17/1986			
2. Principal Pl	ace of Business	2a. N	Mailing Address				4. FEI Number			plied For
21	_	26					59-27515 <u>11</u>			t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	II
City & State	9		City & State				6. Election Campaign Financing	^{ig} □	\$5.00	
23		28					Trust Fund Contribution		Added to	p Fees
Zip	Country	Z	Zip	_ Countr	у		This corporation owes the c	urrent year int		
24	25	29	36	<u>) </u>			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registe	red Agent	8-	II Norma		10. Name and Address of Nev	v Registered	Agent	——-
RYAN III, THOMAS J.										
	NE 9TH ST					Addres	s (P.O. Box Number is Not Acce 2 17th St. Causewa	ptable)	- 204	
	E 300		address			U SE	1/th St. Causewa	y, Suit	<u>:e 204</u>	——-
	AUDERDALE FL 33304		change only							•
	•				84 City Ft. La		derdale,	FL		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida.	. Such change was autr	ionzea bi	v tne corpo	corpora oration	ation submits this statement for t is board of directors. I hereby ac	ne purpose of cept the appoint	changing its intment as req	registered gistered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					ent signature r	required w	hen reinstating)	DATE		
12.	OFFICERS A	ND DIREC		13.		1	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO ☐ Change	Addition
TITLE	DP		☐ DELETE	1.1 TITLE					Change	[] Addition
NAME	RYAN, THOMAS J., III			1.2 NAME						
STREET ADDRESS	1650 SW 17TH ST CAUSEW/	(Y			ET ADORESS		•			ļ
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		C ocusts	1.4 CITY-	ST-ZIP				☐ Change	Addition
TITLE			☐ OELETE	2.1 TITLE		ļ			☐ Ollange	
NAME				2.2 NAME						
STREET ADDRESS					ET ADDRESS	1		•		
*CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		□ DELETE	2. 4 CITY-	ST-ZIP	-	- , , , , , , , , , , , , , , , , , , ,	<u> </u>	☐ Change	Addition
TITLE			□ nere≀e	3.1 TITLE					Gridings	1
NAME				3.2 NAME						}
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE		+			(Change	☐ Addition
TITLE				4.1 INLE						
NAME				i						
STREET ADDRESS				1	ET ADDRESS		•			
CITY+ST-ZIP TITLE			☐ DELETE	4.4 CITY- 5.1 TITLE		 			☐ Change	Addition
				5.2 NAME					_ •	_ }
NAME STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				5.4 CITY-						
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			***************************************	6.2 NAME	Ē					
STREET ADDRESS				6.3 STRE	ET ADDRESS					l

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.

6.4 CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Thomas J. Ryan TILE

3/29/99

954 745-1200 Daytime Phone #

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90032 007 ***150.00