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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 25 1997 8:00am

Secretary of State

DOCUMENT # J16763

(1)

NORTH FLORIDA BUSINESS BROKERS, INC.

Principal Place of Business Mailing Address 2815 N.W. 13TH STREET 2815 N.W. 13TH STREET SUITE 429 GAINESVILLE FL 32009 SUITE 423 GAINESVILLE FL 32609-2877 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1986 2. Principal Place of Business 2a. Malling Address Applied For 21 59-2689575 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORSYTHE, DENNIS H. 2815 N.W. 13TH STREET, SUITE 423 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32609** 83 84 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Rugistored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETÉ 1.1 TITLE Change Addition NAME FORSYTHE, DEBORAH J 1.2 NAME 10 OAKWOOD DR STREET ADORESS 13 STREET ADDRESS **BELLEVILLE IL 62223** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2 1 TITLE Change Addition FORSYTHE, DENNIS H NAME 2.2 NAME **10 OAKWOOD DR** STREET ADDRESS 2.3 STREET ADDRESS BELLEVILLE IL 62223 CITY-ST-ZIP 2. 4 CITY - S1 - 7IP TITLE DELETE 3.1 DILE Change Addition JONES, ANITA B NAME 3.2 NAME 1751 SW 38TH PL STREET ADDRESS 3.3 STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP 3.4. CI<u>TY - \$1 - ZIP</u> TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP TIT1 F DELETE 5.1 1111.6 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+\$1-7IP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Ido 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 attachmout with an address.

6.4 CHY-ST-ZIP