## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

J59807 DOCUMENT #
1. Corporation Name

(4)

S & C BROKERAGE, INC.

**FILED** Apr 16 1996 8:00 am Secretary of State

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Principal Place 701 U.S. HK	SHM/AY ONE	#401	701 U.S. HIGHWAY ONE			1 140 1110 1111 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 			
N. PALM BEACH FL 33408 US		US		3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1995					
	ace of Business	2a. Mailing Address			4. FEI Number Applied For				
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-2786396			Not Applicable
22	,, 5.67	27			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Ro				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	, ·			8. This corporation has liability for intangible tax under s. 199.032,			
24	25     29   9. Name and Address of Current Registered Agent					Florida Statutes Yes	s Yes No Idress of New Registered Agent		
		Trogrationed Agent		81	Name	IV. Name and Address of New I	registerad	Ageni	
SCHIRA	LLI, ANGELO P.		ļ		- O				
	. HIGHWAY ONE			82	Street Addr	ess (P.O. Box Number is Not Acceptal	же)		
SUITE 4	• •			83					
n. Pali	M BEACH FL 33408		}	84	City			85 Zi	p Code
					,	ation submits this statement for the pu	FL	.     '	
SIGNATURE	In, and accept the obligations of, Sect Synature, spect or printed name of regulated agen OFFICERS AN	on 607.0505, Florida Statute	98.		oration's poar	and its statement for the purid of directors. I hereby accept the app	DATE		
TITLE	PS	☐ DELETE		1 1 TITLE		7,00110103017100.010		Change	Addition
NAME	SCHIRALLI, ANGELO P.		1.2 NA	ME					
STREET ADDRESS	701 U.S. HWY 1, STE. 401		13.51	HEET	ADDRESS				
CITY-ST-ZIP	N. PALM BEACH FL		140		T-ZIP				
TITLE	TD   Schiralli, angelo p.	☐ DELETE	2 1 TI				[	Change	☐ Addition
NAME STREET ADDRESS	701 U.S. HWY 1, STE. 401		2.2 NA		100000				
CITY-ST-ZIP	N. PALM BEACH FL			2.3 STREET ADDRESS 2.4 City-St. Zip					
TITLE	VP	☐ DELETE	3 1 TITLE		1 211			Change	Addition
NAME	COURY, ROBERT M	<del></del>	3 2 NA						
STREET ADDRESS	701 US HIGHWAY ONE #40	1	33 \$1	REET	AUDRESS				
CITY-ST-Z-P	N. PALM BEACH FL		3.4 01	3.4 CHY-ST-ZIP					
TITLE		DELETE	4 1 THTLE				[	Change	Addition
NAME STORES ADDRESS			4 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP TITLE	☐ DELETE			4 4 CITY - ST - 21P 5 1 TITLE			r	Change	☐ Addition
NAME		<u>_</u>	5 2 NA					Change	☐ Manada
STREET ADDRESS					ADORESS				
CITY-ST-ZIP			5 4 CIT						
TITLE		☐ DELETE	6 1 TITLE			VI 7 = WAA \ \ \ \ A. A. A	[	Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6351	REET.	ADDRESS				
CITY-ST-ZIP	v certify that the information supplied	with this files is volunted to 6	6 4 CIT	Y-\$1	r-ZIP	the annual and about 11 Oct 11 or 12	07/07/1	1. 4	

roo necess certify that the information supplied with this tring is voluntarily 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 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 indicate the same legal effect as if made under the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Date:

Da;trne Phone #