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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K02372 (6)

1. Corporation Name  
AMERICAN BROKERAGE CONSULTANTS, INC.



Principal Place of Business  
424 CENTRAL AVE.  
5TH FLOOR  
ST. PETERSBURG FL 33701  
US

Mailing Address  
424 CENTRAL AVE.  
5TH FLOOR  
ST. PETERSBURG FL 33701-3862  
US

3. Date Incorporated or Qualified 11/13/1987  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2861095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYOTTE, RICHARD A.  
424 CENTRAL AVENUE  
5TH FLOOR  
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE C  
NAME AYOTTE, RICHARD A.  
STREET ADDRESS 424 CENTRAL AVENUE, 5TH FLOOR  
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

1.2 NAME

3. TITLE ☐ DELETE

1.3 STREET ADDRESS

4. TITLE ☐ DELETE

1.4 CITY-ST-ZIP

5. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

2.2 NAME

7. TITLE ☐ DELETE

2.3 STREET ADDRESS

8. TITLE ☐ DELETE

2.4 CITY-ST-ZIP

9. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

10. TITLE ☐ DELETE

3.2 NAME

11. TITLE ☐ DELETE

3.3 STREET ADDRESS

12. TITLE ☐ DELETE

3.4 CITY-ST-ZIP

13. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

14. TITLE ☐ DELETE

4.2 NAME

15. TITLE ☐ DELETE

4.3 STREET ADDRESS

16. TITLE ☐ DELETE

4.4 CITY-ST-ZIP

17. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

18. TITLE ☐ DELETE

5.2 NAME

19. TITLE ☐ DELETE

5.3 STREET ADDRESS

20. TITLE ☐ DELETE

5.4 CITY-ST-ZIP

21. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

22. TITLE ☐ DELETE

6.2 NAME

23. TITLE ☐ DELETE

6.3 STREET ADDRESS

24. TITLE ☐ DELETE

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Richard A. Ayotte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

813 898-5557

Date

Daytime Phone #

CR2E034 (9/96)