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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K48436

(5)

1. Corporation Name

BROKERAGE FINANCIAL SERVICES, INC.

FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 237 FERNWOOD BLVD. STE 107 FERN PK FL 32730 US		Mailing Address % WILLIAM J. HARLE, JR. 201 WILLIAMS ROAD WINTER SPRINGS FL 32708	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 29		Country 30	
9. Name and Address of Current Registered Agent HARLE, WILLIAM J., JR. 201 WILLIAMS ROAD WINTER SPRINGS FL 32708			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 resigning) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP 1.11 CITY - ST - ZIP 1.12 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 CITY - ST - ZIP 2.6 CITY - ST - ZIP 2.7 CITY - ST - ZIP 2.8 CITY - ST - ZIP 2.9 CITY - ST - ZIP 2.10 CITY - ST - ZIP 2.11 CITY - ST - ZIP 2.12 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 address.			
SIGNATURE: [Signature] DATE: 4/25/95 (407) P34-0168			