

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K51861** (8)

1. Corporation Name
SEIDMAN BROKERAGE, INC.



Principal Place of Business: **7920 HIBISCUS CIR S13 TAMARAC FL 33321 US**
Mailing Address: **7920 HIBISCUS CIR S13 TAMARAC FL 33321 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **12/16/1988**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **65-0150398**
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
**SCHNEIDER, LAZ L.
100 N.E. 3RD AVENUE
SUITE 400
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent (81-84)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	PV	<input type="checkbox"/> DELETE
12.2 NAME	SEIDMAN, LEAH	
12.3 STREET ADDRESS	7920 HIBISCUS CIRCLE	
12.4 CITY - ST - ZIP	TAMARAC FL	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	SEIDMAN, LEAH	
12.7 STREET ADDRESS	7920 HIBISCUS CIRCLE	
12.8 CITY - ST - ZIP	TAMARAC FL	
12.9 TITLE	TS	<input type="checkbox"/> DELETE
12.10 NAME	SEIDMAN, GARY BRIAN	
12.11 STREET ADDRESS	10725 N.W. 17TH STREET	
12.12 CITY - ST - ZIP	CORAL SPRINGS FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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 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 13A changed, with an attachment with an address.

SIGNATURE: *Leah Seidman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/17/96** Daytime Phone #: **954-720-3380**

CR2E034 (12/95)