

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

FILED

**Jan 23 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 # 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 33321-2129
US**

3. Date Incorporated or Qualified
12/16/1988

3a. Date of Last Report
01/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0150398		Applied For Not Applicable	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHNEIDER, LAZ L. 100 N.E. 3RD AVENUE SUITE 400 FT. LAUDERDALE FL 33301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEIDMAN, LEAH		1.2 NAME SEIDMAN, ELI	
STREET ADDRESS 7920 HIBISCUS CIRCLE		1.3 STREET ADDRESS 7920 HIBISCUS CIRCLE	
CITY-ST-ZIP TAMARAC FL		1.4 CITY-ST-ZIP TAMARAC, FL	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDMAN, LEAH		2.2 NAME	
STREET ADDRESS 7920 HIBISCUS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		2.4 CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDMAN, GARY BRIAN		3.2 NAME	
STREET ADDRESS 10725 N.W. 17TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Leah Seidman **LEAH SEIDMAN** 1/15/97 954-720-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)