

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 009 ***150.00

DOCUMENT # L07093

1. Corporation Name
BUSINESS BROKERS OF NORTH FLORIDA, INC.

Principal Place of Business
1400 METROPOLITAN BLVD
210
TALLAHASSEE FL 32308
US

Mailing Address
1400 METROPOLITAN BLVD
210
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1989

4. FEI Number

59-2962367

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

NELSON, CATHERINE R
2352 FOXBORD WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name SALVATORE COZZOCREA

82 Street Address (P.O. Box Number is Not Acceptable)
3161 LOOKOUT TR.

83

84 City TALLAHASSEE

FL

85 Zip Code 32308

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

Salvatore Cozzocrea
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☒ DELETE
NAME RUSH, JACK L.
STREET ADDRESS 1342 TIMBERLANE RD, #201C
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ DELETE
NAME RUSH, JACK L.
STREET ADDRESS 1342 TIMBERLANE RD, #201C
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☒ DELETE
NAME RUSH, MITCHELL L.
STREET ADDRESS 141 MARI LANE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☐ Change ☒ Addition
1.2 NAME COZZOCREA, SHEILA M.
1.3 STREET ADDRESS 1400 METROPOLITAN BLVD. SUITE 210
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME RUSH, JACK L.
2.3 STREET ADDRESS 1400-METROPOLITAN BLVD. SUITE 210
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Sheila M. Cozzocrea* / SHEILA M. COZZOCREA 2/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 553-3300
Daytime Phone #

CR2E034 (11/98)