**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L21599 1. Corporation Name

ASSOCIATED REALTY BROKERS, INC.

| Principal Place of Business Mailing Address |   |           |                               |             |          | <del></del> -                |                  | ( 100)(01) B18 (100) (100) 01115 (0110   |            | or deliter mome | # <b>417</b> 11 41411  | 1881    |  |
|---|---|-----------|-------------------------------|-------------|----------|------------------------------|------------------|--|------------|-----------------|------------------------|---------|--|
| 2592 TAMIAMI TRL                            |   |           | 2592 TAMIAMI TRL              |             |          |                              |                  |  |            |                 |                        |         |  |
| SUITE D                                     |   |           | SUITE D                       |             |          |                              |                  | DO NOT WRITE IN THIS SPACE   |            |                 |                        |         |  |
| PORT CHARLOTTE FL 33952                     |   |           | PORT CHARLOTTE FL 33952<br>US |             |          |                              | }                | 3. Date Incorporated or Qualified  |            |                 |                        |         |  |
| US  |   | US        | ,                             |             |          |                              |                  | 10/10/1989   |            |                 |                        |         |  |
| 2 Dringing Di                               | lace of Puringer                                    | 22        | . Mailing Address             |             |          |                              |                  | 4. FEI Number  |            | -TG             | Applied Fa             | or      |  |
| 2. Principal Place of Business              |   |           | 26                            |             |          |                              |                  | <b>65-0168110</b>  |            |                 | Not Applic             | —-      |  |
| Suite, Apt. #, etc.                         |   |           | Suite, Apt. #, etc.           |             |          |                              |                  |  |            |                 | Additiona              | ———     |  |
| 22  |   |           | 27                            |             |          |                              | J                | 5. Certificate of Status Desired   | _          | Fee             | Required               |         |  |
| City & State                                |   |           | City & State                  |             |          |                              |                  | 6. Election Campaign Financing   |            | \$5.0           | May Be                 | ,       |  |
| 23  |   |           | 28                            |             |          |                              |                  | Trust Fund Contribution  |            | Adde            | d to Fees              |         |  |
| Zip   | Country   |           | Zip Country                   |             |          |                              |                  | 8. This corporation owes the current   |            | _               | $\mathbf{\mathcal{L}}$ |         |  |
| 24  | 25  | 29        | 30                            |             |          |                              |                  | Personal Property Tax.   |            | Yes             | ĎNo                    |         |  |
|   | 9. Name and Address of Curren                       | t Regis   | stered Agent                  |             |          |                              |                  | 10. Name and Address of New Reg  | istered A  | gent            | <del></del>            |         |  |
| MEM   | COME IMPEC D  |           |                               |             | 81       | Name                         |                  |  |            |                 |                        | ļ       |  |
| NEWSOME, JAMES R                            |   |           | 82 Street                     |             |          |                              | ddres            | s (P.O. Box Number is Not Acceptable   | ∍)         |                 |                        |         |  |
| 2150 TAMIAMI TRAIL                          |   |           |                               |             |          |                              |                  |  |            |                 |                        |         |  |
| Suite 25<br>Port Charlotte FL 33948         |   |           |                               |             |          | 83                           |                  |  |            |                 |                        | 1       |  |
| PUR   | CHARLOTTE PL 33946                                  |           |                               | ŀ           | 84       | City                         |                  |  | FL         | 85 Zi           | p Code                 |         |  |
|   |   |           |                               |             |          |                              |                  |  |            |                 | itai-to:               | -04     |  |
| office or re                                | egistered agent or both in the State :              | of Florid | da. Such change was auti      | horized     | nv t     | the corpoi                   | orpora<br>ration | ation submits this statement for the pu<br>s board of directors. I hereby accept t | he appoint | tment as        | registered             | l       |  |
| agent. I a                                  | m familiar with, and accept the obligation          | tions of  | f, Section 607.0505, Florid   | la Statu    | tes.     |                              |                  |  |            |                 |                        | -       |  |
| SIGNATURE                                   |   |           |                               |             |          |                              |                  |  | DATE       |                 |                        | -       |  |
|   | Signature, typed or printed name of registered ager |           |                               | egistered A | Agent    | t signature rec              | quirea w         | hen reinstating) ADDITIONS/CHANGES TO OFFICE                                       |            | DIREC'          | TORS IN                | 12      |  |
| 12.   | PD OFFICERS AND DIRECTORS                           |           |                               | 1.1 TITLE   |          |                              |                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |            | Change          |                        | ldition |  |
|   | HEWSOME, JAMESTI                                    |           |                               |             |          |                              | PH               | yllis Diane News   | iam a      | ,               |                        |         |  |
| NAME<br>STREET ADDRESS                      | 21276 BURKHART DR                                   |           |                               |             |          | ADDRESS                      | , ,              | 7,000  |            |                 |                        |         |  |
|   | PORT CHARLOTTE FL 33952                             |           |                               |             |          |                              |                  |  |            |                 |                        |         |  |
| CITY-ST-ZIP<br>TITLE                        | TOTAL OFFICE TE GOODE                               |           |                               |             |          | 1.4 CITY-ST-ZIP<br>2.1 TITLE |                  |  |            | [] Change       | e A                    | dition  |  |
| NAME  |   |           |                               | 2.2 NA      | 2.2 NAME |                              |                  |  |            |                 |                        |         |  |
| _STREET ADDRESS                             |   |           | . 2.3 \$7                     |             |          | ADDRESS                      |                  |  |            |                 |                        | j       |  |
| CITY-ST-ZIP                                 |   |           |                               | 2. 4 CIT    |          |                              |                  |  |            |                 |                        |         |  |
| TITLE                                       |   |           | ☐ DELETE                      | 3.1 TITL    |          |                              |                  |  |            | Chang           | e 🗆 Ad                 | dition  |  |
| NAME  |   |           |                               | 3.2 NA      | νE       |                              |                  |  |            |                 | •                      |         |  |
| STREET ADDRESS                              |   |           |                               | 3.3 STF     | REET     | ADDRESS                      |                  |  |            |                 |                        | 1       |  |
| CITY-ST-ZiP                                 |   |           |                               | 3.4. CIT    | Y-S1     | T-ZIP                        |                  |  |            | _               |                        |         |  |
| TITLE                                       |   |           | ☐ DELETE                      | 4.1 Till    |          |                              |                  |  |            | [] Chang        | e ∐Ar                  | dition  |  |
| NAME  |   |           |                               | 4.2 NA      | ME       |                              |                  |  |            |                 |                        |         |  |
| STREET ADDRESS                              |   |           |                               | 4.3 STF     | REET     | ADDRESS                      |                  |  |            |                 |                        |         |  |
| CITY-ST-ZIP                                 |   |           | i                             | 4.4 CIT     | Y-ST     | r-ZIP                        |                  | ·  |            |                 |                        |         |  |
| TITLE                                       |   |           | 5.1 TITI                      | 5.1 TITLE   |          |                              |                  |  | Chang      | e □A            | ddition                |         |  |
| NAME  |   |           |                               | 5.2 NA      | ΜE       |                              |                  |  |            |                 |                        |         |  |
| STREET ADDRESS                              | [   |           |                               | 5.3 STF     | REET     | ADDRESS                      |                  |  |            |                 |                        | ţ       |  |
| CITY-ST-ZIP                                 |   |           |                               | 5.4 CIT     | Y-ST     | r-zip                        |                  |  |            |                 |                        |         |  |
| TITLE                                       |   |           | ☐ DELETE                      | 6.1 TITI    | LE       |                              |                  |  |            | Chang           | e □A                   | ddition |  |
| NAME  |   |           |                               | 6.2 NA      | ME       |                              |                  |  |            |                 |                        |         |  |
| STREET ADDRESS                              |   |           |                               | 6.3 STF     | REET     | ADDRESS                      |                  |  |            |                 |                        | - 1     |  |

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90050 033 \*\*\*150.00