

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40401 (6)

1. Corporation Name
HOME BUYER'S BROKER, INC.

Principal Place of Business
9990 S.W. 77TH AVE #208
MIAMI FL 33156-2680

Mailing Address
9990 S.W. 77TH AVE #208
MIAMI FL 33156-2680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1990
3a. Date of Last Report 08/17/1994

4. FEI Number 65-0163475
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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 same as above
22 Suite, Apt. #, etc. "
23 City & State "
24 Zip " 25 Country
26 Mailing Address
27 same as above
28 Suite, Apt. #, etc. "
29 City & State "
30 Zip " 31 Country USA

9. Name and Address of Current Registered Agent

MORTON, GREG
7272 S.W. 132ND ST
MIAMI FL FL 33156

10. Name and Address of New Registered Agent

81 Name same
82 Street Address (P.O. Box Number is Not Acceptable) same
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

no changes

4-11-95

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. TITLE D
2. NAME MORTON, GREG
3. STREET ADDRESS 7272 S.W. 132ND STREET
4. CITY - ST - ZIP MIAMI FL

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY - ST - ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY - ST - ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY - ST - ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY - ST - ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY - ST - ZIP

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95 (305) 598-0250