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**

DOCUMENT # L51441

1. Corporation Name

ED DECLAIR BROKERAGE, INC.

Principal Place	e of Business	Mailing A	Mailing Address					, 1961.91			
3520 NW 133RI) ST	3520 NW	3520 NW 133RD ST								
gainesville f	L 32606	GAINESVIL	GAINESVILLE FL 32606				DO NOT WRITE	IN THIS S	SPACE		
								3. Date Incorporated or Qualifed	114 11110		
								02/20/1990			ļ
2 Dringing D	lace of Business	2a Mailin	na Addroce					4. FEI Number			Applied For
_ ·	iace of business		2a. Mailing Address					59-2991556			Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.								Additional
22	#, Gtc.		27					5. Certifcate of Status Desired []	•	Required
City_& Stat			City & State					6 Election Campaign Financing		\$5.0	0 May Be
23	<u> </u>	 	28					Trust Fund Contribution	J '	-	d to Fees
Zip	Country	Zip		Co	untry			8. This corporation owes the current	vear Inta	ngible	
24	25	29		30	-			Personal Property Tax.	•	Yes	Mo
<u></u>	9. Name and Address of Currer		Agent		Τ			10. Name and Address of New Reg	istered A	gent	
		<u> </u>	_		81	Name)				
DECLAIR, EDWARD L					82	Ctue -	. Addr	on (D.O. Bay Alumbar in Not Assertable	N		
3520	NW 133RD ST					Stree	e Adare	ess (P.O. Box Number is Not Acceptable)			
GAIN	IESVILLE FL 32606				83			and the second s			
					84	City			FL	85 Zi	p Code
SIGNATURE	Signature, typed or printed name of registered age			_ <u></u>	<u> </u>	nt signature	required	when reinstating)	DATE	DIDEC:	TODE IN 12
12.		ND DIRECTOR		13	_		1	ADDITIONS/CHANGES TO OFFIC	EKS ANI	Chang	
TITLE	D STOLLING STOLLING		□ DELETE		TILE					☐ Cliariy	ie 🗆 Addition
NAME	DECLAIR, EDWARD LEWIS				IAME						
STREET ADDRESS				1.3 5	TREE1	FADDRESS	3				
CITY-ST-ZIP	CORAL SPRINGS FL		F**1		CITY-S	T-ZIP				Chann	- Addisin-
TITLE	D		☐ DELETE	2.17	ITLE					☐ Chang	e
NAME	DECLAIR, BETTY LOU		1-	2.2 N	IAME						
STREET ADDRESS				2.3 9	TREET	FADDRESS	\$				
CITY-ST-ZIP	CORAL SPRINGS FL			2.4	CITY-S	T-ZIP	 				
TILE	D		☐ DELETE	3.1 3	TTLE					Chang	e
NAME	DECLAIR, DENISE			3.21	IAME						
STREET ADDRESS	3520 NE 133RD ST			3.3 9	TREET	ADDRESS	3				
CITY-ST-ZIP	GAINESVILLE FL			_	CITY-S	T-ZIP					
TITLE			☐ DELETE	4,1 1	ME					☐ Chang	e Addition
NAME				ı.	NAME						
STREET ADDRESS				4.3 5	TREET	FADDRESS	3				
CITY-ST-ZIP			D 55:	_	ITY-S	T-ZiP	 			D 65	
TITLE			☐ DELETE	- 4	ITLE					☐ Chang	ge C Addition
NAME					AME						
STREET ADDRESS						TADDRESS	3				
CITY-ST-ZIP					CITY-S	T-ZIP	↓			= ::	
TITLE			☐ DELETE		TTLE					☐ Chang	ge Addition
NAME					IAME			-			1
STREET ADDRESS				6.3 5	TREE	ADDRESS	3				

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 comporation 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 charged, or on an attachinest with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

QUEDWARD L. DE CLAIR

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90038 033 ***150.00