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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81493** **(3)**

1. Corporation Name
DEVELOPERS REALTY BROKERAGE, INC.

Principal Place of Business	Mailing Address
2892 S.W. MARIPOSA CIR. PALM CITY FL 34990 US	2892 S.W. MARIPOSA CIR. PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1990	06/06/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 2033 S.W. Autumnwood Way	26 2033 S.W.Autumnwood Way	65-0207840	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Palm City, FL	28 City & State: Palm City, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 34990 / 25 County: USA	29 Zip: 34990 / 30 County: USA	8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BODEM, LOREN E. 815 COLORADO AVE SUITE 305 STUART FL 34994	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	BEHRENS, DOLORES J.	12 NAME	
STREET ADDRESS	2892 SW MARIPOSA CIR	13 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☒ Change ☐ Addition
NAME	KRAUSE, BERNARD	22 NAME	Vice President Joanne Cadreau
STREET ADDRESS	33803 ELECTRIC BLVD D15	23 STREET ADDRESS	3236 S.E. Aster Lane - M-228
CITY ST ZIP	AVON LAKE OH	24 CITY ST ZIP	Stuart, FL 34994
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	KRAUSE, EVELYN	32 NAME	Secretary/Treasurer, Director Dolores J. Behrens
STREET ADDRESS	33803 ELECTRIC BLVD D15	33 STREET ADDRESS	2892 S.W. Mariposa Circle
CITY ST ZIP	AVON LAKE OH	34 CITY ST ZIP	Palm City, FL 34990
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Dolores J. Behrens April 25, 1995 (407) 287-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOLORES J. BEHRENS

044701 FP