

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L888888
1. Corporation Name
Corporate Brokerage Services, Inc.

Principal Place of Business 3965 Ortega Blvd.
Jacksonville, FL
32210
Mailing Address same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <u>1990</u>	3a. Date of Last Report <u>95</u>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <u>59-3017927</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<u>Hans G. TANZLER III</u>	81 Name
<u>3965 Ortega Blvd.</u>	82 Street Address (P.O. Box Number is Not Acceptable)
<u>Jacksonville FL</u>	83
<u>32210</u>	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 Hans G. Tanzler III (If Not Registered Agent Signature Required When Changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE <input type="checkbox"/> DELETE <u>D, P</u>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME <u>Hans G. Tanzler III</u>	12 NAME
3 STREET ADDRESS <u>3965 Ortega Blvd.</u>	13 STREET ADDRESS
4 CITY-ST-ZIP <u>JACKSONVILLE, FL 32210</u>	14 CITY-ST-ZIP
5 TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	22 NAME
7 STREET ADDRESS	23 STREET ADDRESS
8 CITY-ST-ZIP	24 CITY-ST-ZIP
9 TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	32 NAME
11 STREET ADDRESS	33 STREET ADDRESS
12 CITY-ST-ZIP	34 CITY-ST-ZIP
13 TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	42 NAME
15 STREET ADDRESS	43 STREET ADDRESS
16 CITY-ST-ZIP	44 CITY-ST-ZIP
17 TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	52 NAME
19 STREET ADDRESS	53 STREET ADDRESS
20 CITY-ST-ZIP	54 CITY-ST-ZIP
21 TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	62 NAME
23 STREET ADDRESS	63 STREET ADDRESS
24 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 included 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hans G. Tanzler III 6-14-96 204-695-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day Phone)

CR2E034 (3/96)