

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M68707

(2)

1. Corporation Name

REAL ESTATE BROKERAGE SERVICES, INC.



Principal Place of Business

4560 LENOX AVENUE
JACKSONVILLE FL 32205
US

Mailing Address

P.O. BOX 40105
JACKSONVILLE FL 32203-0105
US

2. Foreign Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

O'CONNOR, JOHN W.
4560 LENOX AVENUE
JACKSONVILLE FL 32205

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 607.01(2) and 607.15(6), 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 607.01(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed after recording)

Signature of Registered Agent (must be signed after recording)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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

PD
O'CONNOR, JOHN W.
4560 LENOX AVE.
JACKSONVILLE FL
VST
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL
D
DRIGGERS, DEBBIE, J
4560 LENOX AVE
JACKSONVILLE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 it made under oath. I am an officer or director of the corporation or the recorder 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, on or as an attachment with an address.

SIGNATURE: John W. O'Connor / John W. O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

His: PRESIDENT

2/26/96

904/384-0087

CR2E034 (12/95)