


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90021 038 \*\*\*\*61.25

<b>DOCUMENT # N05000004958</b> 1. Entity Name <b>MASTER BROKERS FORUM OF BROWARD COUNTY, INC.</b>					
Principal Place of Business <b>1111 BRICKELL AVE STE #2150</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>1111 BRICKELL AVE STE #2150</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business <b>John Beauchamp</b> Suite, Apt. #, etc. <b>Go Inter Coastal</b> <b>1500 Las Olas Blvd. Realty</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33301</b> Country <b>USA</b>			3. Mailing Address <b>John Beauchamp</b> Suite, Apt. #, etc. <b>Go Inter Coastal</b> <b>1500 Las Olas Blvd. Realty</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b> Country <b>USA</b>		
4. FEI Number <b>16-1722004</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BARCIA, MARIA T</b> <b>1111 BRICKELL AVE STE #2150</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 4, 2006</b> <b>Sept. 4/06</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>D</b>	NAME <b>WALLACE, MILTON J</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>1111 BRICKELL AVE STE #2150</b>	CITY-ST-ZIP <b>MIAMI FL 33131</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>President</b>	NAME <b>Carolyn Block Elbert-Tremier</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>500 W. Cypress Creek Rd. #380</b>	CITY-ST-ZIP <b>Fort Lauderdale, FL 33334</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Vice Pres.</b>	NAME <b>Phil Keagy - Prudential Fla. Realty</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>777 300 Federal Hwy.</b>	CITY-ST-ZIP <b>Fort Lauderdale, FL 33316</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Secretary</b>	NAME <b>Tim Singer - Coldwell Banker</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>910 SE 17 St. Camerway</b>	CITY-ST-ZIP <b>Fort Lauderdale, FL 33316</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Treasurer</b>	NAME <b>John Beauchamp - Inter coastal</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>1500 Las Olas Blvd. Realty</b>	CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>John Beauchamp</i> John Beauchamp, Treas., 7/18/06 467-1448</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					