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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N10047** **(1)**

1. Corporation Name

FLORIDA BUSINESS BROKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3500 N. STATE ROAD 7, SUITE 100 FT. LAUDERDALE FL 33319	3500 N. STATE ROAD 7. SUITE 100 FT. LAUDERDALE FL 33319

3. Date Incorporated or Qualified: 07/02/1985

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8120 W OAKLAND PK BLVD

2a. Mailing Address
26: 8120 W OAKLAND PK

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27:

City & State
23: SUNRISE, FL

City & State
28: SUNRISE FL

Zip 24: 33351 Country 25: USA

Zip 29: 33351 Country 30: USA

4. FEI Number: 59-2976465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PINO, LAURENCE, ESQ.
201 S. ORANGE AVE.
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC RUBIN, BARRY 3500 N STATE RD. #7, #100 FT LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DC LOUIS, PETER S 2715 W FAIRBANKS AVE #200 WINTER PARK FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CUMMINS, DON 1500 COLONIAL BLVD. FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS READ, RICHARD 101 WYMORE RD., STE. 225 ALTAMONTE SPGS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS ~~MILLER~~ RICHARDS, MILLIE 3806 SAN MIGUELAS/CONDS TAMPA, FL 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCNULTY, MARTY 4703 CENTRAL AVE. ST. PETERSBURG FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT K. H. STEBBINS 8120 W OAKLAND PARK BLVD SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001881122 -07/02/96--01015--018 ***61.25	☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K. H. STEBBINS K H Stebbins 5/16/96 954 749-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05 7/1/96