SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # N10047 (1)

1. Corporation Name
FLORIDA BUSINESS BROKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8120 W. ORLANDO PK BLVD SUNRISE FL 33351	8120 W. ORLANDO PK BLVD SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1985
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business
21 2715 W. Fairbanks Ave
Suite, Apt. #, etc.
22 #200
City & State
23 Winter Park, FL
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 2715 W. Fairbanks Ave
Suite, Apt. #, etc.
27 #200
City & State
28 Winter Park, FL
Zip 29 32789 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOUIS, PETER S		1.2 NAME		
STREET ADDRESS	2715 W. FAIRBANKS AVE #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	CUMMINS, DON		2.2 NAME	RICHARDS, S. MICHAEL	
STREET ADDRESS	1500 COLONIAL BLVD.		2.3 STREET ADDRESS	4207 Bay to Bay Blvd.	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	RICHARDS, MIKE		3.2 NAME	FEALY, KEVIN	
STREET ADDRESS	3808 SAN MICHELAS		3.3 STREET ADDRESS	2400 W. Cypress Creek Rd. #100	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	STEBBINS, K.H.		4.2 NAME	WILLIAMS, DAVID E.	
STREET ADDRESS	8120 W. OAKLAND PARK BLVD		4.3 STREET ADDRESS	725 W. Cape Coral Pkwy.	
CITY-ST-ZIP	SUNRISE FL 33351		4.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED David E Williams, DT
DAVID E. WILLIAMS, DT 941-542-8611