FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36435** **(8)**

1. Corporation Name

CENTURY 21 BREVARD BROKERS COUNCIL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 S. HARBOR CITY BLVD. SUITE 301 MELBOURNE FL 32901 US	200 S. HARBOR CITY BLVD. SUITE 301 MELBOURNE FL 32901 US

3. Date Incorporated or Qualified: **01/29/1990**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-3011201** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 855 E. EAU GALLIE BLVD.	26 855 E. EAU GALLIE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 INDIAN HARBOR BEACH, FL	City & State 28 INDIAN HARBOR BEACH, FL.
Zip 24 32937 Country 25 USA	Zip 29 32937 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, H. L, III 225 5TH AVE STE 1 INDIALANTIC FL 32903	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 607.0502 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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HANNON, JAMES	1.2 NAME	
STREET ADDRESS	1090 HWY A1A STE #212	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, H.L. III	2.2 NAME	
STREET ADDRESS	225 5TH AVE STE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	RUFO, PAUL R.	3.2 NAME	RUFO, PAUL R.
STREET ADDRESS	~~200 S. HARBOR CITY BLVD., SUITE 301~~	3.3 STREET ADDRESS	855 E. EAU GALLIG BLVD
CITY-ST-ZIP	~~MELBOURNE FL~~	3.4 CITY-ST-ZIP	INDIAN HARBOR BEACH, FL. 32937
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Paul R Rufo 4.17.95 407-779-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036166