

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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P11259 (9)
1. Corporation Name
INDEPENDENCE ONE BROKERAGE SERVICES, INC.

Principal Place of Business
**27777 INKSTER ROAD
P.O. BOX 9065 MAIL CODE 10-53
FARMINGTON HILLS MI 48333-9065**

Mailing Address
**27777 INKSTER ROAD
P.O. BOX 9065 MAIL CODE 10-53
FARMINGTON HILLS MI 48333-9065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address	3. Date incorporated in Florida	3a. Date of Last Report
21. State Agent	26. State Agent	08/28/1986	04/22/1994
22. City & State	27. City & State	4. FIC Number	Applied For
23. FIC Number	28. FIC Number	38-2670726	Not Applicable
24. FIC Number	29. FIC Number	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. FIC Number	30. FIC Number	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under 1981 Old Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.15(6), Florida Statutes.

SIGNATURE

Signature must be printed after the name of the agent.

Signature must be printed after the name of the agent.

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	EVD KELLY, DEAN	NAME	DP KELLY, DEAN
STREET ADDRESS	27777 INKSTER RD	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI	CITY, ST, ZIP	Farmington Hills, MI 48333
NAME	S TARGAN, HOLLY	NAME	S ZIEMBIEC, SABRINA
STREET ADDRESS	27777 INKSTER ROAD	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI	CITY, ST, ZIP	Farmington Hills, MI 48333
NAME	T ODOM, MELANIE	NAME	T MATTIA, GHAZWAN
STREET ADDRESS	27777 INKSTER ROAD	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI	CITY, ST, ZIP	Farmington Hills, MI 48333
NAME	D JESKE, RONALD	NAME	VP KENNEDY, WILLIAM
STREET ADDRESS	27777 INKSTER ROAD	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI	CITY, ST, ZIP	Farmington Hills, MI 48333
NAME	D DRISCOLL, FREDERICK	NAME	D MACIEJEWSKI, DEBORAH
STREET ADDRESS	27777 INKSTER ROAD	STREET ADDRESS	27777 INKSTER ROAD
CITY, ST, ZIP	FARMINGTON HILLS MI	CITY, ST, ZIP	FARMINGTON HILLS MI

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the exceptions stated in Section 607.01(2)(b), Florida Statutes, do not apply. I further certify that the information supplied on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or authorized signatory for the corporation and the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 1 of the report or supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

GHAZWAN MATTIA

4/21/95 (810) 473 3575