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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** Corporation Name

(9)

INDEPENDENCE ONE BROKERAGE SERVICES, INC.

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orpai mace oi	Business	Mailing Address			
7777 INKSTE		27777 INKSTER RO P.O. BOX <b>90</b> 65 MA			
O. BOX 9065 MAIL CODE 10-53 Armington Hills Mi 48333-9065		FARMINGTON HILLS		Data Incomparing or Outlified	3a. Date of Last Report
7.11.11.11.10.70.70				3. Date Incorporated or Qualified 08/28/1986	05/01/1995
Minuted Dise	e of Business	2a. Mailing Address		4. FEI Number	Applied Fo
тинорки тао	6 Ot brounces	26		38-2670726	Not Applica
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			\$8.75 Additions
		27			- ree nequired
ty & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
		28	Country	This corporation has liability for it.	
ıkı	Country	Z <sub> </sub> ρ [29]	30]	Florida Statutes  Yes	
	9. Name and Address of Currer			10. Name and Address of New R	
			81 Nanie		-
CT COR	PORATION SYSTEM		82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
	PINE ISLAND ROAD				
	TION FL 33324		83	•	
	· -		B4 City		85 Zip Code
			1-1-7		FL 10 2000
a reconstitutions	diagonation both in the State of Flori	ida. Such change was autho	NIZECI DV THE CUIDOIBUON S C	poration submits this statement for the pur loard of directors. I hereby accept the app	ointment as registered agent. I a
amil ar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statul	tes.		
ATURE	and a subsect or relicant plant of the subsect and the	of and title if auxiliable	(N/)TE Registered Agent signature rec	pired when reinstating)	DATE
ATURE _s	ogo nore, bysed or pri veo næne el rejestered ågen OF FICERS AN	if and title if a relicable	(NY)TE Registered Agent signature rec	y irred when reinstating): ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Dean S. Kelly

3/11/96

(810) 473-2627

Daytime Phone #