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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90134 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11259

1. Corporation Name

INDEPENDENCE ONE BROKERAGE SERVICES, INC.

Principal Place of Business

**27777 INKSTER ROAD
MAIL CODE 10-98
FARMINGTON HILLS MI 48333-9065
US**

Mailing Address

**P.O. BOX 9065
MAIL CODE 10-98
FARMINGTON HILLS MI 48333-9065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1986

4. FEI Number

38-2670726

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

48334-5326 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, DEAN	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUSTER, DONALD	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECK, ANNE	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HEIL, DEBBIE	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KENNEDY, WILLIAM	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BADGE, JAMES	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Farmington Hills, MI 48334
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Farmington Hills, MI 48334
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Farmington Hills, MI 48334
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Farmington Hills, MI 48334
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Farmington Hills, MI 48334
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Farmington Hills, MI 48334

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBBIE HEIL, ASSISTANT SECRETARY (248) 473-

Date **4-26-99**

Daytime Phone #

CR2EN34 (11/98)

0528972