## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300003512 (9)

EXCLUSIVE NORTH BROKERAGE, INC.

## FILED

Jan 16 1997 8:00am Secretary of State



Dringing 1 D	o of Duninge	Mailion Address				{ 1,001,001,101,100,101,001,101,100,100,1			
Principal Plac		Mailing Address							
2402 N. DIXIE LAKEWORTH F		2402 N. DIXIE HWY. #3 LAKEWORTH FL 33460-62	264						
						3. Date Incorporated or Qualified 01/15/1993		e of Last F 27/1996	leport
2. Principal P	flace of Business	28. Mailing Address 26			a= a4aaa			pplied For ot Applicable	
Suite Apt.	# etc	Suite, Apt #, etc	·						Additional
22		27				5. Certificate of Status Desired	L!	Fee R	equired
City & State	О	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·			
<b>23</b> Zip	Country	<b>28</b>	Col	intry		Trust Fund Contribution	L.		
24	25	29	30			8. This corporation has liability for in Florida Statutes		ax under a Mo	i. 199.032,
	9. Name and Address of Current					10. Name and Address of New Reg	istered A	gent	
SMC	OLKEN, SCOTT M			81	Name				-
5471 S.W. 40 AVE.				82	Street Aridi	ress (P.O. Box Number is Not Acceptable)			
FT.	LAUDERDALE FL 33314				J. 550 1 1001	The second secon		<del></del>	
				83					
				84	City		FL	<b>85</b> Zip	Code
44 Overvoort	to the service dead Services COV DECK	2 and 607 1609. Florida Statu	doe the e	hovo	somed core	paration submits this statement for the n		obanaina i	te registered
office or r	registered agery, or both, in the State	of Florida. Such change was	authorize	d by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	ointment as	registered
	om familiar Witk, und accept the obliga	ations of Section 607.0505, F	lorida Staf	tutes			110	107	
SIGNATURE	Signature II - a printed narrow regulared aper	et ang isto if applicable (NO	TE: Backstere	d Ager	r signature recul	red when reinstating)	DATE	77	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D \ /	DELETE	1.171	TLE		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Change	Addition
NAME	GALIMÌDI, GÀRY		12 N	AME					
STREET ADDRESS	2275 S. FEDERAL HWY.		135	TREET	ADDRESS				
CITY - ST - ZIP	DELRAY BEACH FL 33483		140	ITY-SI	r-ZiP				
TITLE	D	☐ DELETE	211	ITLE				Change	Addition
NAME	ALBERT, STEPHANIE		22 N	AME					
STREET ADDRESS	2275 S. FEDERAL HWY.		23\$	TREET	address				
CITY - ST - ZIP	DELRAY BEACH FL 33483		240	CITY-S	T - ZiP		**********		<u></u>
TITLE	D	DELETE	3.1 (1	TLE				☐ Change	Addition
NAME	SMOLKEN, SCOTT		3.2 N						
STREET ADDRESS	5471 S.W. 40 AVE.		335	TREET	ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL 33314	Theres:		CITY - S	T - ZIP			T 1 A	2 1 100
TITLE		☐ DELETE	4,1 T					L Change	L Addition
NAME			4.21			÷*			
STREET ADDRESS					ADDRESS				
CITY-ST-7P		DELETE		ITY - ST	T-ZIP			Change	Addition
TITLE			5.1 T			,		LLI CHANGE	AUGITION
NAME			5.2 N		ADDRESS				
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP		DELETE		JTY-SI	1 - ZiP			Change	☐ Addition
TITLE		) [**] Deteit	6.1 T					- Change	Munitor
NAME OXEGET ADDRESSES		•	6.2 N		ADDDECC				
STREET ADORESS					ADDRESS				
CITY+ST-ZIP			6.4 0	ity-s	1 - Z(P				

14. I do hereby certify the 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 angular 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 dector 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 altachment with an address.

SIGNATURE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

19/97 56150

36/367 YOY