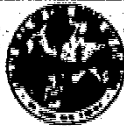


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:18

DOCUMENT # P93000062374 (2)

1. Corporation Name

BROKER'S PARTNER, INC.

Principal Place of Business

**209 SOUTH DALE MABRY
TAMPA FL 33609**

Mailing Address

**209 SOUTH DALE MABRY
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

05/19/1994

4. FEI Number

59-3204689

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GERACE, FRANK K JR.
209 SOUTH DALE MABRY
TAMPA FL 33609**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GERACE, FRANK K JR.
STREET ADDRESS	5132 SAN JOSE STREET
CITY - ST - ZIP	TAMPA FL 33629
TITLE	D
NAME	GERACE, KAROL L
STREET ADDRESS	5132 SAN JOSE STREET
CITY - ST - ZIP	TAMPA FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	☐ Change ☒ Addition
1.2 NAME	Robert F. Gerace	
1.3 STREET ADDRESS	14911 Knotty Pine Dr.	
1.4 CITY - ST - ZIP	Tampa, FL 33625	
2.1 TITLE	V. Pres.	☐ Change ☒ Addition
2.2 NAME	Debra J. Gerace	
2.3 STREET ADDRESS	14911 Knotty Pine Dr. Tampa FL 33625	
2.4 CITY - ST - ZIP		
3.1 TITLE	Treas.	☐ Change ☒ Addition
3.2 NAME	F. Kenneth Gerace	
3.3 STREET ADDRESS	5132 San Jose St.	
3.4 CITY - ST - ZIP	Tampa, FL 33629	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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.

SIGNATURE: Karol L Gerace - KAROL L. GERACE

4/12/95 (813) 876-1905