

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12:03

DOCUMENT # P94000037056 (6)

1. Corporation Name

REDLAND BROKERS EXCHANGE, INC.

Principal Place of Business

104500 OVERSEAS HWY
A-302
KEY LARGO FL 33027

Mailing Address

P.O. BOX 3271
KEY LARGO FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

5/94

2. Principal Place of Business

21 401 REDLAND RD

2a. Mailing Address

26 PO BOX 343544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 HOMESTEAD FL

City & State

28 Florida City FL

24 33030

25 USA

29 33034

30 Dade USA

4. FEI Number

65-0489062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWIMMER, DAVID L
8525 SW 92 ST
SUITE B4
MIAMI FL 33156

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 will accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

DAVID L. SWIMMER AMY L. GLASOW

5-23-95

(Print name, title, or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
BASSO, FRANK T JR.
104500 OVERSEAS HWY #A-302
KEY LARGO FL 33027

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
GLASOW, AMY L
104500 OVERSEAS HWY #A-302
KEY LARGO FL 33027

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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:

DAVID L. SWIMMER

AMY L. GLASOW

5/23/95

305-245-0030

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number