

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047669 (4)

1. Corporation Name

BETTENCOURT & ASSOCIATES REALTY, INC.

Principal Place of Business

3505 WEST ATLANTIC BLVD. STE. 313
POMPANO BEACH FL 33069

Mailing Address

3505 WEST ATLANTIC BLVD. STE. 313
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

4. FEI Number

65-0501966

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 interstate tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1451 WEST CYPRESS CREEK RD.

2a. Mailing Address

26 1451 WEST CYPRESS CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 SUITE 300

City & State

City & State

23 FORT LAUDERDALE, FLORIDA

28 FORT LAUDERDALE FLORIDA

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

BETTENCOURT, NIGEL A.
3505 WEST ATLANTIC BLVD. STE. 313
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number Not Acceptable)

83 1451 WEST CYPRESS CREEK ROAD #300

84 FORT LAUDERDALE

FL

85 33309

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 of person named as registered agent and holder of stock

Signature of Registered Agent (Required when changing)

(Date)

12. OFFICERS AND DIRECTORS

1 NAME
D BETTENCOURT, NIGEL A.
STREET ADDRESS
3505 W. ATLANTIC BLVD. STE. 013
CITY, ST. ZIP
POMPANO BEACH FL 33069

2 NAME

STREET ADDRESS

CITY, ST. ZIP

3 NAME

STREET ADDRESS

CITY, ST. ZIP

4 NAME

STREET ADDRESS

CITY, ST. ZIP

5 NAME

STREET ADDRESS

CITY, ST. ZIP

6 NAME

STREET ADDRESS

CITY, ST. ZIP

7 NAME

STREET ADDRESS

CITY, ST. ZIP

8 NAME

STREET ADDRESS

CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☒ Change ☐ Addition

12 NAME D/P
13 STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD #300
14 CITY, ST. ZIP FORT LAUDERDALE FL 33309

2 NAME ☐ Change ☐ Addition

23 NAME ☐ Change ☐ Addition

24 NAME ☐ Change ☐ Addition

25 NAME ☐ Change ☐ Addition

26 NAME ☐ Change ☐ Addition

27 NAME ☐ Change ☐ Addition

28 NAME ☐ Change ☐ Addition

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44 NAME ☐ Change ☐ Addition

45 NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 of this report, or in an attachment with an address.

SIGNATURE: *Nigel A. Bettencourt* NIGEL A. BETTENCOURT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (305) 481-2751
Date