

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **994000053364**

1. Corporation Name

Brokers Financial Group Inc

Principal Place of Business

Mailing Address

7041 W. Sunrise Bl.

Plantation, Fl. 33313

Same

2. Principal Place of Business

2a. Mailing Address

21 7041 W. Sunrise Bl.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Plantation, Fl.

29 City & State

24 Zip

25 Country

29 Zip

30 Country

33313

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

Aug 1, 1995

1st

4. FEI Number

Applied For

65-0506242

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

81. Name

Same

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

John T. Clark

12. Registered Agent Signature (required when changing)

Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **John T. Clark**
CITY - ST - ZIP **7041 W. Sunrise Bl**
Plantation, Fl. 33313

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE ☐ DELETE
NAME **Jean Therrien Vice President**
STREET ADDRESS **170 Indian Bluff Dr.**
CITY - ST - ZIP **Sharpsburg, Ga. 30277**

2. TITLE ☐ Change ☐ Addition
32. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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 119.07(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: **X**

John T. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

587-4232

CR2E034 (12/95)