

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

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000058337 (4)**

1. Corporation Name
ABC BROKERS, INC.



Principal Place of Business 18060 N. TAMiami TRAIL FT. MYERS FL 33917 US	Mailing Address 18060 N. TAMiami TRAIL B N FORT MYERS FL 33903-1447 US
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3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 06/06/1996
4. FEI Number 65-0509229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4933 Triton Ct	2a. Mailing Address 26 4933 Triton Ct
Suite, Apt. #, etc. 22 Cape Coral FL	Suite, Apt. #, etc. 27 Cape Coral FL
City & State 23	City & State 28
Zip 24 33904	Country 25 Lee
Zip 29 33904	Country 30 Lee

9. Name and Address of Current Registered Agent JEFFERY CLARK 18060 N. TAMiami TRAIL N FORT MYERS FL 33917	10. Name and Address of New Registered Agent 81 Name ELWOOD Pet 82 Street Address (P.O. Box Number is Not Acceptable) 4933 TRITON CT 83 84 City Cape Coral FL 85 Zip Code 33904
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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 **ELWOOD PETTRY** **ELWOOD PETTRY** **1-25-97**
Signature of individual or printed name of registered agent and title in spot cable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	NAME CLARK, JEFFERY	1.1 TITLE PST	1.2 NAME ELWOOD PETTRY
STREET ADDRESS 18060 N. TAMiami TRAIL	CITY-ST-ZIP N. FORT MYERS FL	1.3 STREET ADDRESS 4933 TRITON CT	1.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE VPD	NAME CLARK, NOEL	2.1 TITLE VPD	2.2 NAME ELWOOD PETTRY
STREET ADDRESS 18060 N. TAMiami TRAIL	CITY-ST-ZIP N. FORT MYERS FL	2.3 STREET ADDRESS 4933 TRITON CT	2.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE D	NAME CLARK, NOEL	3.1 TITLE D	3.2 NAME ELWOOD PETTRY
STREET ADDRESS 4933 TRITON CT W	CITY-ST-ZIP CAPE CORAL FL 33904	3.3 STREET ADDRESS 4933 TRITON CT	3.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE VP	NAME CLARK, NOEL D	4.1 TITLE VP	4.2 NAME ELWOOD PETTRY
STREET ADDRESS 4933 TRITON CT W	CITY-ST-ZIP CAPE CORAL FL	4.3 STREET ADDRESS 4933 TRITON CT	4.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

14. I do hereby certify that 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 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: **ELWOOD PETTRY** **ELWOOD PETTRY** **1-25-1997**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)