

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 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 # P94000062973 (0)

1. Corporation Name
BROKERAGE SOURCES, INC.

Principal Place of Business
2000 W. GLADES RD., SUITE 300
BOCA RATON FL 33431

Mailing Address
2000 W. GLADES RD., SUITE 300
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1994		3a. Date of Last Report 11/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0527525		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STAMM, BRADFORD H 1023 SW POPLAR CT PALM CITY FL 34990				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE				1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE _____ <input type="checkbox"/> DELETE				1.2 NAME _____			
3.1 TITLE _____ <input type="checkbox"/> DELETE				1.3 STREET ADDRESS _____			
4.1 TITLE _____ <input type="checkbox"/> DELETE				1.4 CITY-ST-ZIP _____			
5.1 TITLE _____ <input type="checkbox"/> DELETE				2.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE _____ <input type="checkbox"/> DELETE				2.2 NAME _____			
7.1 TITLE _____ <input type="checkbox"/> DELETE				2.3 STREET ADDRESS _____			
8.1 TITLE _____ <input type="checkbox"/> DELETE				2.4 CITY-ST-ZIP _____			
9.1 TITLE _____ <input type="checkbox"/> DELETE				3.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
10.1 TITLE _____ <input type="checkbox"/> DELETE				3.2 NAME _____			
11.1 TITLE _____ <input type="checkbox"/> DELETE				3.3 STREET ADDRESS _____			
12.1 TITLE _____ <input type="checkbox"/> DELETE				3.4 CITY-ST-ZIP _____			
13.1 TITLE _____ <input type="checkbox"/> DELETE				4.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
14.1 TITLE _____ <input type="checkbox"/> DELETE				4.2 NAME _____			
15.1 TITLE _____ <input type="checkbox"/> DELETE				4.3 STREET ADDRESS _____			
16.1 TITLE _____ <input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP _____			
17.1 TITLE _____ <input type="checkbox"/> DELETE				5.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
18.1 TITLE _____ <input type="checkbox"/> DELETE				5.2 NAME _____			
19.1 TITLE _____ <input type="checkbox"/> DELETE				5.3 STREET ADDRESS _____			
20.1 TITLE _____ <input type="checkbox"/> DELETE				5.4 CITY-ST-ZIP _____			
21.1 TITLE _____ <input type="checkbox"/> DELETE				6.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22.1 TITLE _____ <input type="checkbox"/> DELETE				6.2 NAME _____			
23.1 TITLE _____ <input type="checkbox"/> DELETE				6.3 STREET ADDRESS _____			
24.1 TITLE _____ <input type="checkbox"/> DELETE				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 _____

CR2E034 (4/97)