Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073655

AGENT'S BROKERAGE COMPANY, INC.

Principal Place of Business	Mailing Address				
3221 NW 10 TERRACE	3221 NW 10 TERRACE				
SUITE 502	SUITE 502				
FT LAUDERDALE FL 33309	FT LAUDERDALE FL 33309		DO NOT WRITE IN THE	S SPACE	
บร	US		3. Date Incorporated or Qualifed		
	La Maria Addissa		10/03/1994 4. FEI Number	I App	olied For
2. Principal Place of Business	2a. Mailing Address		65-0525302		Applicable
Suite Act # etc	Suite, Apt. #, etc.		1	\$8.75 A	
Suite, Apt. #, etc.	27		5. Certifcate of Status Desired	Fee Rec	
City & State	City & State		6. Election Campaign Financing	\$5.00 1	May Be
23	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year li	ntangible	
24 25	29	30	Personal Property Tax.	☐Yes	No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	d Agent	
		81 Name			
COHEN, PHILIP A		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
3221 NW 10 TERRACE					
SUITE 502		83			
FT LAUDERDALE FL 33309		84 City		85 Zip C	ode
			FI	L `	
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its r pintment as req	registered i
agent. I am familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.	one board of directory mereby are spe		,
SIGNATURE		•			1
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Signature, typed or printed name of registered at 12. OFFICERS A	AND DIRECTORS	13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
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CITY-ST-ZIP 14. I 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 one; that I am an officer or director of the purposation or the receiver or yustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my dark and the content of the purposation of

6.4 CITY-ST-ZIP

SIGNATURE