FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084682 (1)**

1. Corporation Name

ERA BROKER COUNCIL OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
3230 WEST COMMERCIAL BLVD. STE. 290 FORT LAUDERDALE FL 33309	3230 WEST COMMERCIAL BLVD. STE. 290 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994

3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: Applied for 65-0545337 ☒ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHANG, DORIS
266 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Stein, ~~Doris~~ DAVID

82 Street Address (P.O. Box Number is Not Acceptable): 7703 Nova Drive

83

84 City: Davie FL 85 Zip Code: 33324

11. Pursuant to the provisions of Section 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 _____ DATE 4/22/1995

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	CHANG, DORIS	12 NAME	Stein, David	
STREET ADDRESS	266 SO. UNIVERISTY DRIVE	13 STREET ADDRESS	7703 Nova Srive	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	Davie, FL 33324	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	STEIN, DAVID	22 NAME		
STREET ADDRESS	7703 NOVA DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	COOPER, FRAN	32 NAME	Acevedo, Jesse	
STREET ADDRESS	9900-A SOUTHWEST 18TH STREET	33 STREET ADDRESS	8100 W. Sunrise Blvd.	
CITY-ST-ZIP	BOCA RATON FL 33428	34 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	BERNARD, ROBERT	42 NAME	Canfield, Charalane	
STREET ADDRESS	11260 PINES BOULEVARD	43 STREET ADDRESS	15872 State Road 84	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$87.50

RECEIVED BY MAY 1

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)(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: _____ 4/20/1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

0210652 CP