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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000084682 (1)

1. Corporation Name

ERA BROKER COUNCIL OF BROWARD COUNTY, INC.



Principal Place of Business
3200 NE 14TH STREET
POMPANO BEACH FL 33062

Mailing Address
3200 NE 14TH STREET
POMPANO BEACH FL 33062-8101

3. Date Incorporated or Qualified
11/17/1994

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1812 N.W. 36 CT.

26 1812 N.W. 36 CT.

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 OAKLAND PARK, FL

28 OAKLAND PARK, FL

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPAV, MICHELLE
2400 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33308

81 Name

JUDITH C. CARLSON, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

1812 N.W. 36 CT.

83

84 City

OAKLAND PARK

FL

85 Zip Code

33309

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

Judith C. Carlson

Signature typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

2-1-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CAMPAV, MICHELLE
STREET ADDRESS 2400 E OAKLAND PARK BLVD
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TREASURER
CAMPAV, MICHELLE

TITLE T
NAME CANFIELD, CHARALANE
STREET ADDRESS 15872 STATE ROAD 84
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VICE PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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, unchanged, or on an attachment with an address.

SIGNATURE:

Michelle Campav
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE
CAMPAV

2/24/97

9545660200

Date

Daytime Phone #

CR2E034 (9/96)