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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013906 (9)**

1. Corporation Name

AGENCY BROKERAGE CORPORATION

Principal Place of Business	Mailing Address
4801 SOUTH UNIVERSITY DR. ~~SUITE 265~~ DAVIE FL 33328	4801 SOUTH UNIVERSITY DR. ~~SUITE 265~~ DAVIE FL 33328

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report: 2/17/95

2. Principal Place of Business
21 4801 S. UNIVERSITY DR
Suite, Apt. #, etc.
22 SUITE 2500
City & State
23 FT. LAUDERDALE, FL
Zip 24 33328 Country 25 US

2a. Mailing Address
26 4801 S. UNIVERSITY DR
Suite, Apt. #, etc.
27 SUITE 2500
City & State
28 FT. LAUDERDALE, FL
Zip 29 33328 Country 30 US

4. FEI Number: 65-0581046 ☐ 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

COHEN, GARY P
46 S. W. FIRST STREET
FOURTH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of Registered Agent and Title, if applicable — Both Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADLER, CINDY 4801 S. UNIVERSITY DR., STE. 265 DAVIE FL 33328	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SEC-TRES ADLER, CINDY 4801 S. UNIVERSITY DR S 2500 FT, LDLE, FL. 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRES. FEUER, JEFF 4801 S. UNIVERSITY DR S2500 FT. LDLE FL. 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT COHEN, ISADORE 4801 S. UNIVERSITY DR S2500 FT. LDLE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: _____ ISADORE COHEN 4-30-96 954 680 0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #