SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000015544 (6)**

1. Corporation Name

M. C. BROKERS, INC.

Principal Place of Business	Mailing Address
1606 ROSS LN NEW SMYRNA BEACH FL 32168	1606 ROSS LN NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report: 2-23-95

2. Principal Place of Business
21: 139 William St
22 Suite, Apt #, etc: —
23 City & State: Edgewater Fl.
24 Zip: 32141
25 Country: Volusia

2a. Mailing Address
26: 139 William St.
27 Suite, Apt #, etc: —
28 City & State: Edgewater Fl.
29 Zip: 32141
30 Country: Volusia

4. FEI Number: 59-3301178 ☐ 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

POTTER, ERROL
101 LINCOLN AVE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name: Errol Potter
82 Street Address (P.O. Box Number is Not Acceptable): 139 William St.
83:
84 City: Edgewater FL 85 Zip Code: 32141

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: Errol Potter — Errol J. Potter — 7-15-96
(Signature, typed or printed name of registered agent and title, if applicable) (Florida Registered Agent signature required when mailed in) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTTER, ERROL 101 LINCOLN AVE NEW SMYRNA BEACH FL 32169	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Errol Potter 139 William St Edgewater Fl 32141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLINGEN, DEBORAH 101 LINCOLN AVE NEW SMYRNA BEACH FL 32169	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Deborah Klingen 139 William St Edgewater Fl. 32141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANOE, STEVE 11926 SW 13 CT FT LAUDERDALE FL 33325	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ 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 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Errol Potter — Errol Potter — 7-15-96 — 904 345-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #