## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000015544 (6) DOCUMENT #

M. C. BROKERS, INC.

Principal Place of Business	Mailing Address
139 WILLIAM STREET	139 WILLIAM STREET
EDGEWATER FL 32141	EDGEWATER FL 32141
US	US

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 02/23/1995 Principal Place of Business 4. FEI Number Mailing Address 2a. Applied For 59-3301178 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ No 25 29 , Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POTTER SARL ERRO! 139 WILLIAM STREET 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32141** 83 City Zip Code 85 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 Suy 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 objection of 505.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ TITLE 1.1 TITLE Change POTTER, ERROL NAME 1.2 NAME 139 WILLIAM STREET STREET ADDRESS 1.3 STREFT ADDRESS **EDGEWATER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE KLINGEN, DEBORAH NAME 2.2 NAME **139 WILLIAM STREET** STREET ADDRESS 2.3 STREET ADDRESS **EDGEWATER FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE GANOE. STEVE NAME 3.2 NAME 11926 SW 13 CT STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL 33325 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 occurate 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 empower of be 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 attractment with an alidrose.