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FILED
May 08 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 # P95000051841 (1)

1. Corporation Name

FLORIDA'S OWN BROKERAGE, INC.



Principal Place of Business

762 SOUTH US 1
SUITE 239
VERO BEACH FL 32962
US

Mailing Address

762 SOUTH US 1
SUITE 239
VERO BEACH FL 32962-4701
US

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0583612

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 762 SOUTH U.S.-1

26 762 SOUTH U.S.-1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #239

27 SUITE #239

City & State

City & State

23 VERO BEACH, FL

28 VERO BEACH, FL

Zip

Country

Zip

Country

24 32962

25 INDIAN RIVER

29 32962

30 INDIAN RIVER

9. Name and Address of Current Registered Agent

PETTIT, A ALFRED
5767 DEER RUN DRIVE APT 1-B
FT PIERCE FL 34951

81 Name

A. ALFRED PETTIT

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

5767 DEER RUN DR.

83 APT - 1-B.

84 City

FORT PIERCE, FL.

85 Zip Code

34951.

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

A. ALFRED PETTIT

A. Alfred Pettit 4/29/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME PETTIT, MARILOU
STREET ADDRESS 762 SOUTH US 1, SUITE 239
CITY-ST-ZIP VERO BEACH FL 32962-4701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Marilou Pettit Marilou Pettit

4/30/97 561-446-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0106365

CR2E034 (9/96)