FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000075327 (3) DOCUMENT # THE BUSINESS BROKERS, INC. Principal Place of Business Mailing Address 2206 MIRACLE PLAZA 2206 MIRACLE PLAZA VERO BEACH FL 32960 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1995 2. Principal Place of Business FEI Number Applied For 2a. Mailing Address 65-06 16 2206 MINACLE PHZA Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. etc + 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State \Box VERO SEAC 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032 25 INDIAN RIVER Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONDIT, ROBERT D. S. 82 Street Address (P.O. Box Number is Not Acceptable) 3375 BUCKINGHAMMOCK TRAIL в3 VERO BEACH FL 32960 Zip Code 84 Orty 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. 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. (NOTE: Bugistared Agent signal inchangered when renataling) Signature, typed or printed name of registered agent and oberflaggingable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change Add-tion 1 1 Title THE CONDIT, ROBERT D. S NAME 1.2 NAME 3375 BUCKINGHAMMOCK TRAIL STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 14 CITY - ST. ZIP CHTY - ST- ZIP [] DELFIE Change Addition TAILE 2 1 DITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST ZIP [] DELFTE Change Addition 3 1 TITLE 3.2 NAM6 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY - ST / ZIP CHY-ST-ZIP DEL ETE Change Addition TITLE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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 emporation 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 Book 13 if changed, or on in attachment with an address.

4.4 CITY - \$1 - 7iP

5.3 STREET ADDRESS 5.4 City SE-ZIP

6.3 STREET ADDRESS

6.4 CHY-ST ZIP

5 1 Title

5.2 NAME

6 1 THLE

6.2 NAME

SIGNATURE:

CITY-SE-ZIP

DITY-ST ZIP

STREET ADDRESS

THEF

NAME STREET ADDRESS

THLE

NAME

ATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CHRECTOR

DELETE

DELFIE

117/96

467-978-0800

Change

Change

Addition

Addition

(12/95)

CR2E034