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



COF	CORPORATION Sandra I ANNUAL REPORT Secreta		TMENT OF STATE. . Mortham y of State CORPORATIONS		
DOCU 1. Corporatio	MENT # P950 0	00092733 (1)			
AGTRA	IN BROKERAGE, INC.				I I B B LI B B I I I I I I I I I I I I I
				-·· ·· -	
Principa' Place of Business Mailing Address 14141 RIVER RD 14141 RIVER RD					C seamest tre teiler Brut Beitt Beitt Beitt Beite Mein 1806 HHM (11H 1861
FT MYERS F	· · ·	14141 RIVER RD FT Myers FL 33905			
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1995
h	ace of Business	2a. Mailing Address			4. FEI Number 632545 Applied For Not Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
[22]		27			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199,032,
24	25 9. Name and Address of Curr		30		Florida Statutes
		<u> </u>	81	Name	
BOLTON, ROBERT 14141 RIVER RD 82 Street Addre				Address (P.O. Box Number is Not Acceptable)	
	RS FL 33905		63		
			84	City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes.	the above-	named co	FL
O TOSPICO	red agent, or both, in the State of Flo th, and accept the obligations of Se	mua Such Change was aumonzed i	by the corp	oration's I	board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE.	Stylhalture typical or printed name of registered age	and and title if an admirable (60076-1	Dr. wintermort Access		2-/9-96 DATE
12.	OFFICERS A	ND DIRECTORS	13.	it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOLE NAME	D Bolton, Robert	DELETE	1. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	14141 RIVER RD		1.2 NAME 1.3 STREET	ADDRESS	
CHY S1-ZIP	FT MYERS FL 33905		1.4 CITY-S		
THE	D DOLTON CANDIOL	☐ DEFELE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	BOLTON, CANDICE 14141 RIVER RD		22 NAME	ADDOCCC	
CITY-ST-ZIP	FT MYERS FL 33905		23 STREET 24 CITY-S		
THLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3 2 NAME		
CHY-SI-7IP			3.3 STREET 3.4 CITY - S		
TIFLE		☐ DELETE	4. 1 THTLE	,	☐ Change ☐ Addition
NAME CLIFT Appeared			4.2 NAME		
STREET ADDRESS CITY ST-ZIP			4.3 STREET 4.4 CITY - S		
THE		☐ DELETE	5 1 TITLE	. LIT	☐ Change ☐ Addition
NAM5			5.2 NAME		
STREET ADDRESS			5.3 STREET	,	
CITY-51-ZIF TITLE		☐ DELETE	54 CITY - S 6 1 TITLE	I - ZIP	Change Addition
NAMI			62 NAME		
STREET ADDRESS			63 STREET	address	
			_	- 4	, I

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 ultrachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE.

AME OF SIGNING OFFICER OR DIRECTOR