

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021473 (9)

1. Corporation Name

AFFILIATED BROKERS NETWORK, INC.



Principal Place of Business

18654 CAPE SABLE DR
BOCA RATON FL 33498

Mailing Address

18654 CAPE SABLE DR
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7452 FALLS ROAD WEST	26 7452 FALLS ROAD WEST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 33437	29 33437
25 PALM BEACH	30 PALM BEACH

3. Date Incorporated or Qualified	Applied For
03/08/1996	Not Applicable
4. FEI Number	
65-0645606	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
	Yes No

9. Name and Address of Current Registered Agent
FABER, ALLAN 18654 CAPE SABLE DR BOCA RATON FL 33498

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FABER, ALLAN 7452 FALLS ROAD WEST BOYNTON BEACH FL 33437

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

ALLAN FABER

ALLAN FABER

4/29/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FABER, ALLAN
STREET ADDRESS	18654 CAPE SABLE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP
NAME	GROSSMAN, ELAINE G.
STREET ADDRESS	18654 CAPE SABLE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	FABER, ALLAN
1.3 STREET ADDRESS	7452 FALLS ROAD WEST
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
2.1 TITLE	VICE PRESIDENT
2.2 NAME	GROSSMAN, ELAINE
2.3 STREET ADDRESS	7452 FALLS ROAD WEST
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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	

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 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:

ALLAN FABER

4/29/98 861-738-7804

CR2E034 (10/97)