P CORF ANNU/	NOW: FILING FEE PORATION AL REPORT	FLORIDA Sar S	ST IS \$5 DEPARTMENT adra B. Mort ecretary of Sta N OF CORPO	F OF STATE	FII Apr 02 19 Secretar		
DOCUN . Corporation	MENT # P960 ON & ASSOCIATES AUT of Business	00076650 TO BROKERAGE, IN Mailing Address 2039 PRINCE ALE	C.	······································			
JACKSONVILLI	E FL 32248	JACKSONVILLE F	L 32246		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 09/13/1996		
Principal Pla	ace of Business	28. Mailing Addres	SS		4. FEI Number	<u>⊢</u>	plied For
Suite, Apt. #	ł, elc.	26 Suite, Apt. #, e	tc.		59-3399335 5. Certificate of Status Desired	□ \$8.75 /	
City & State		27 City & State			6. Election Campaign Financing	Fee Re	Antered May Be
Zip	Country	28 Zip		ountry	Trust Fund Contribution	Added	to Fees
	25	29	30		B. This corporation owes or has pai Personal Property Tax due June	30. 🔀 Yes 🗌	No
ATK	9. Name and Address of Cur (INSON, WILLIAM E	rent Registered Agent		81 Name	10, Name and Address of New Rep	gistered Agent	
203	8 PRINCE ALBERT CT			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
JAC	XSONVILLE FL 32248						·
				83			
•						65 Zip	Code
	o the provisions of Sections 607 (0502 and 607, 1508, Florida	Statutes, the	84 City	poration submits this statement for the p		Code
1. Pursuant to office or re agent. I arr				64 City above-named corp ed by the corporat atutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment as	
1. Pursuant to office or re- agent. I am	Signalure, typed or primited name of registored OFFICERS	agent and title if applicable	(NOTE Registe	64 City above-named corp ed by the corporat atutes.		UPOSE of changing it of the appointment as	ts registered registered
I. Pursuant to office or re- agent. I am GNATURE <u>5</u> 2.	Signalure, typed or printed name of registered OFFICERS / PVST	agent and the it applicable	(NOTE Registe 13 TE 1.1	64 City above-named corp ed by the corporat atutes. red Agent signature requires. TITLE	ired when reinstating)	UPOSE of changing it of the appointment as	ts registered registered
I. Pursuant to office or re- agent. I an IGNATURE 5 2.	PVST ATKINSON, WILLIAM E 2038 PRINCE ALBERT CT	agent and title if applicable	(NOTE Registe 13 TE 1.1 1.2	64 City above-named corp ed by the corporat atutes.	ired when reinstating)	DATE	is registered registered
I. Pursuant to office or re- agent. I am IGNATURE 5 2. TLE WAE REET ADDRESS IY- ST-ZIP	Signalure, typed or printed name of registered OFFICERS / PVST ATKINSON, WILLIAM E	agent and the it applicable AND DIRECTORS	(NOTE Registe 13 TE 1.1 1.2 1.3 1.4	64 City above-named correct or by the corporat atutes. red Agent signature requires. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating)	L Urpose of changing it urpose of changing it the appointment as DATE ERS AND DIRECTOF Change	IS registered registered IS IN 12
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