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Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000042331

1. Corporation Name
SELLERS ONLY REAL ESTATE BROKERAGE CORPORATION

Principal Place of Business
125 East Boynton Beach Blvd.
Boynton Beach, FL 33435

Mailing Address
(Same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 9, 1997

2. Principal Place of Business
21 125 E. Boynton Bch. Blvd.

Suite, Apt. #, etc.
22

City & State
23 Boynton Beach, FL

Zip 24 33435 Country 25 U.S.A.

2a. Mailing Address
26 125 E. Boynton Bch. Blvd.

Suite, Apt. #, etc.
27

City & State
28 Boynton Beach, FL

Zip 29 33435 Country 30 U.S.A.

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation does not owe or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Kevin M. LaMontagne
640 East Ocean Avenue
Boynton Beach, FL 33435

(This is old address. Please note new address.)

10. Name and Address of New Registered Agent

81 Name: Kevin M. LaMontagne
82 Street Address (P.O. Box Number is Not Acceptable): 125 East Boynton Beach Blvd.
83
84 City: Boynton Beach FL 85 Zip Code: 33435

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 Kevin M. LaMontagne, Kevin M. LaMontagne 4/23/98
Signature, Typed or Printed Name of Individual, Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	[ ] DELETE	11 TITLE	P/S/T/D	[ ] Change [X] Addition
NAME	Kevin M. LaMontagne		12 NAME	Kevin M. LaMontagne	
STREET ADDRESS	5865 Vista Linda Lane		13 STREET ADDRESS	5865 Vista Linda Lane	
CITY-ST-ZIP	Boca Raton, FL 33433		14 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	900002502485	[ ] Change [ ] Addition
NAME			52 NAME	-04/28/98--01037--026	
STREET ADDRESS			53 STREET ADDRESS	***158.75	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4-27

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: Kevin M. LaMontagne, Kevin M. LaMontagne 4/23/98 (561) 732-0100
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (10/97)