

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

FILED

Jul 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000058649 (9)

1. Corporation Name

PUBLIC BROKERS INC.



Principal Place of Business

Mailing Address

P.O. BOX 10333
TAMPA FL 33679

P.O. BOX 10333
TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 20053 Stamat Dr.
Suite, Apt. #, etc.

22 City & State
23 Land O LAKES FLA

24 Zip 34639
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
29 Country

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STAMAT, MOSKOS
20049 STAMAT DR.
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE
NAME Muskos Stamat
STREET ADDRESS 20049 Stamat Dr.
CITY-ST-ZIP 20071 34639

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

700002602347
-07/30/98--01071--023
***150.00

4/15/98

CR2E034 (10/97)