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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P97000087265

1. Corporation Name

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90075 026 \*\*\*150.00

]	fed Brokers, Inc.										
Principal Plac	e of Business	Mailing Add	dress						rı <b>Gü</b> rli <b>Gülü</b> l i	<b>0</b> 811 1 <b>0 110</b> 111	DIO DISTI NEIL IROL
526 E RIDGEW	OOD ST	526 E RIDGI									
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32								DO NOT WRIT	F IN THIS	SPACE	
	•							Date Incorporated or Qualifed			<del></del>
ĺ								10/08/1997			
2. Principal P	laçe of Business	2a. Mailing	Address			1		4 FFI North on	1222	Q /	Applied For
21 108 E	TIZABETH AVENUE	26 108	Eliza	BET	# 1	4VEN	VE	-APPLIED FOR 59-35	1332	7	Not Applicable
Suite, Apt.	#, etc	Suite, A	pt#, etc					5. Certificate of Status Desired	~[]		- Additional
22		27	<u> </u>								Required
City & Stat		City & 5		SAL	.1.10			6. Election Campaign Financing			O May Be d to Fees
23 ATTAMO Zip	WE SPRINGS, FL	28 A TA	MONIE	<i>ببرمر</i> د	ountry	) F L		Trust Fund Contribution  8. This corporation owes the current	nt voor lete		o to rees
24 3276	0 / 25 Server / 6		2701	30	<b>6</b>			Personal Property Tax.	en year una	Yes	No
24 5276	9. Name and Address of Current			190	Ť			10. Name and Address of New R	egistered A		
					81	Name					
526	ty, warren e ridgewood st Amonte springs FL 32701				82	Street 108	Addres	Se (P.O. Box Number is Not Accepta	ble)		
					84	City			FL	85 Zij	p Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 registered agent, on both, in the State our familiar with and accept the obligation	2 and 607.1508, of Florida. Such ions of, Section	Florida Stat change was 607.0505, F	lutes, the authoriz lorida St	e above zed by tatutes.	e-named the corpo	corpor oration	ation submits this statement for the 's board of directors. I hereby accep	purpose of d t the appoir	thanging interest as	registered registered
SIGNATURE		<del>/</del>		TE. D. siete		4 alaa		than relation)		<u> </u>	
Ĺ	Signature, typed or printed name of registered agent		INO			t signature n	equired v	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE TICERS AN	D DIRECT	TORS IN 12
12.	OFFICERS AND		DELETE	1	3.	it signature n	equired v	when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECT	
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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 trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or pp an attachment with an address, with all other like empowered.

SIGNATURE: