

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S21314 (7)

1. Corporation Name

ASSOCIATED BROKERAGE SERVICES, INC.



Principal Place of Business

800-A DREW ST
CLEARWATER FL 34615
US

Mailing Address

800-A DREW ST
CLEARWATER FL 34615
US

2. Principal Place of Business

21 PENNSYLVANIA AVE

22 607B

23 CLEARWATER

24 34615

25 PINELLAS

2a. Mailing Address

26 PENNSYLVANIA AVE

27 607B

28 CLEARWATER

29 34615

30 PINELLAS

3. Date Incorporated or Qualified
12/24/1990

3a. Date of Last Report
06/23/1995

4. FEI Number

59-3048822

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELNER, LAWRENCE R.
800-A DREW ST
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name KELNER, LAWRENCE R.

82 Street Address (P.O. Box Number is Not Acceptable)
451 N. CAROLINA AVE

83

84 City PALM HARBOR FL 85 Zip Code 34683

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, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 filer of report

(NOTE: Registered Agent Signature required when re-designating)

7/15/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME MURPHY, JAMES KEITH
STREET ADDRESS 1035 S FLORIDA AVE STE 215
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 CONNER, BARBARA A.
1.3 STREET ADDRESS 451 N. CAROLINA AVE
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature typed or printed name of signing officer or director

7-15-96

CR2E034 (12/95)