FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAY -1 PM 2:15

DOCUMENT # **S50437** **(0)**

1. Corporation Name
PRO - 1 BUSINESS BROKERS, INC.

Principal Place of Business	Mailing Address
~~1847 SE PORT ST. LUCIE BLVD~~ ~~PORT ST LUCIE FL 34952~~	~~1847 SE PORT ST. LUCIE BLVD~~ ~~PORT ST LUCIE FL 34952~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1991**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 2655 N. Ocean Dr	26 2655 N. Ocean Dr
Suite, Apt. #, etc. 22 Suite # 400	Suite, Apt. #, etc. 27 Suite # 400
City & State 23 SINGER ISLAND, FL	City & State 28 SINGER ISLAND, FL
Zip 24 33404	County 25 PALM
Zip 29 33404	County 30 PALM

4. FEI Number: **65-0265908** ☐ 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	10. Name and Address of New Registered Agent
DAWANY, LEEN I. ~~1847 SE PORT ST. LUCIE BLVD~~ ~~PORT ST LUCIE FL 34952~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2655 N. Ocean Dr. 83 Suite # 400 84 City SINGER Island FL 85 Zip Code 33404

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 of new registered agent, if this change is made) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	☐ Change ☐ Addition
NAME	QUAIN, IMAD S.	12 NAME	
STREET ADDRESS	1847 SE PORT ST LCE BLVD	13 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ 5/20/95 407 840 1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone #)

0443716 FP