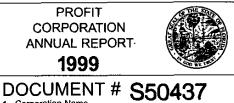
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT-

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90120 005 ***150.00

PRO - 1	BUSINESS BROKERS, INC.						
Principal Place	e of Business	Mailing Address			1 (SELIBIR 101 2011) 25(11 21202 1)111 1201 2)211 2121)		
2655 N OCEAN	DR	2655 N OCEAN DR					
STE 400		STE 400				105	
SINGER ISLAND) FL 33404	SINGER ISLAND FL 33404			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 05/08/1991		
					4. FEI Number	Applied Cor	
	lace of Business	2a. Mailing Address			65-0265908	Applied For Not Applicable	
21	#	Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt.	#, etc.	⊢ '''			5. Certifcate of Status Desired	Fee Required	
City & State		27 City & State			_6. Election Campaign Financing	\$5.00 May Be	
23	•	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intang	ible	
24	25	29 30		-		Yes No	
<u></u>	9. Name and Address of Current		-	_	10. Name and Address of New Registered Ag	ent	
				81 Name			
DAW	'ANY, LEEN I.		-	00 011 4-1-	In a (D.O. Boy Number in Net Acceptable)		
2655	N OCEAN DR			82 Street Add	lress (P.O. Box Number is Not Acceptable)		
ST 4	00		ŀ	83			
SING	BE ISLAND FL 33404		1				
	v.		ĺ	84 City	FL	85 Zip Code	
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation.	ons of, Section 607.0505, Florid	nonzeo Ia Statu	by the corporat	poration submits this statement for the purpose of chains board of directors. I hereby accept the appointment when reinstation DATE	anging its registered nent as registered	
	Signature, typed or printed name of registered agent OFFICERS AND	<u>''</u>	13.	agent aignatore requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PS OFFICERS AND	DELETE	1.1 TITI	F I		Change Addition	
	QUBAIN, IMAD	<u></u>	1.2 NA				
NAME	2655 N OCEAN DR STE 400		1	REET ADDRESS			
STREET ADDRESS	SINGER ISLAND FL 33404		•	Y-ST-ZIP			
CITY-ST-ZIP	T	☐ DELETE	2.1 TIT			Change Addition	
	JAVIER, RHODA	_ occ./-	2.2 NA	1	· · · · · · · · · · · · · · · · · · ·		
NAME	1847 SE PSL BLVD.			REET ADDRESS			
STREET ADORESS	PORT ST. LUCIE FL 34952						
CITY-ST-ZIP	V 10015 FL 34932	DELETE	2.4 CT	ry-ST-ZIP		Change Addition	
TITLE	CRUMPTON, THOMAS	N DELETE	3.1 III		,		
NAME							
STREET ADDRESS	2655 N OCEAN DR., #400			REET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL 33404	☐ DELETE		Y-ST-ZIP		1 Change ☐ Addition	
TITLE		□ nerete	4.1 TITI	!			
NAME			4. 2 NA				
STREET ADDRESS	,			REET ADDRESS			
CITY-ST-ZIP	·	□ BELETE	_	Y-ST-ZiP		Change Addition	
TITLE		☐ DELETE	5.1 TIT	LE Ì	L	Tournage TI Addition	

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition