

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

CORPORATION
ANNUAL REPORT
1995

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



APPROVED
AND
FILED

95 APR 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66343** (2)
1. Corporation Name
EAST COAST BROKERAGE, INC.

Principal Place of Business
~~435 SOUTHPOINT BOULEVARD~~
~~SUITE 100~~
~~JACKSONVILLE FL 32216~~

Mailing Address
4215 SOUTHPOINT BOULEVARD
SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **10837 Cheatham Trail**
Suite, Apt. #, etc.
22
City & State
23 **Jacksonville, FL**
Zip Country
24 **32257** 25
26
27
28
29
30

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

3. Date Incorporated or Qualified
07/16/1991

3a. Date of Last Report
04/11/1994

4. FEI Number
59-3074278

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
ANSBACHER, LEWIS
100 NATIONAL FEDERAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	PORTNOY, MICHAEL	10837 CHEATHAM TRAIL	JACKSONVILLE FL
V	PORTNOY, GOLDIE	2823 EVERCHARM PLACE	JACKSONVILLE FL
ST	PORTNOY, ANDREA	10837 CHEATHAM TRAIL	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1				☐	☐
1.2				☐	☐
1.3				☐	☐
1.4				☐	☐
2.1				☐	☐
2.2				☐	☐
2.3				☐	☐
2.4				☐	☐
3.1				☐	☐
3.2				☐	☐
3.3				☐	☐
3.4				☐	☐
4.1				☐	☐
4.2				☐	☐
4.3				☐	☐
4.4				☐	☐
5.1				☐	☐
5.2				☐	☐
5.3				☐	☐
5.4				☐	☐
6.1				☐	☐
6.2				☐	☐
6.3				☐	☐
6.4				☐	☐

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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on Block 14 if newly added.

SIGNATURE: **Michael Portnoy** 3/27/91 904-268-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR