**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90127 024 \*\*\*158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MAGO

1. Corporation	BUSINESS BROKERS, INC.		•		A(A) - 61911 B(A) - 61811 B(B) (B)	
Principal Place	e of Business	Mailing Address		I (BBI) Biren ilene illia ibine iller iren alanı	Ginii Binii aibii Binii aibii 1991	
1201 U.S. HWY ONE 1201		1201 U.S. HWY ONE				
		220	<b>~</b>	DO NOT WRITE IN THIS SPACE		
NORTH PALM BEACH FL 33406 US		NORTH PALM BEACH FL 33408 US		3. Date Incorporated or Qualifed		
00		•		02/13/1992		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0310815	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible No	
24	25	29 30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Haile alla Addicos of How Registers		
roger B. Wozniak						
1201 U.S. HWY 1			82 Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 220			83			
NORTH PALM BEACH FL 33408						
			84 City	• • • • • • • • • • • • • • • • • • •	L 85 Zip Code	
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga			corporation submits this statement for the purpose or coration's board of directors. I hereby accept the apport	of changing its registered pintment as registered .	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE		
12. OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	wozniak, roger B.		1.2 NAME	•		
STREET ADDRESS	14 HICKORY HILL ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP	<u> </u>		
TITLE	V	☐ DELETE	2.1 TITLE		X∑XChange	
NAME	WOZNIAK, ROGER B 111		2.2 NAME	1002 Fourt Cimala North		
STREET ADDRESS	14 HICKORY HILL ROAD		2.3 STREET ADDRESS	1082 Egret Circle North		
CITY-ST-ZIP	TEQUESTA FL		2. 4 CITY-ST-ZIP	Jupiter, FL 33458	7. Channes D. Addition	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		□ DCIETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE		Continue Caracinos	
NAME			4. 2 NAME	·	į	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- ST- ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		<del>-</del>	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Roger B. Wozniak, Pres

561-626-1200