SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V47753** **(1)**

1. Corporation Name

BROKERS UNLIMITED OF THE SOUTHEAST, INC.

Principal Place of Business
1405 RUPP LANE
LAKE WORTH FL 33460
US

Mailing Address
1405 RUPP LANE
LAKEWORTH FL 33460
US

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0376651 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 12725 53rd Rd. N.
Suite, Apt. #, etc
22
City & State
23 Royal Palm Beach, FL
Zip 24 33411 Country 25 PalmBch

2a. Mailing Address
26 12725 53rd Rd. N.
Suite, Apt. #, etc.
27
City & State
28 Royal Palm Beach, FL
Zip 29 33411 Country 30 Palm Bch.

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**

KRAMER, SCOTT
1155 US HWY. 1
SUITE 205
JUNO BEACH FL 33408

10. **Name and Address of New Registered Agent**

81 Name: Scott Kramer
82 Street Address (P.O. Box Number is Not Acceptable): 6650 W. Indiantown Rd.
83 suite 200
84 City: Jupiter FL 85 Zip Code: 33458

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NICHOLS, ROBERT B., JR.	
STREET ADDRESS	12725 53RD RD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	NICHOLS, JULIA	
STREET ADDRESS	12725 53RD RD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julia Nichols 7/15/96 407-798-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #