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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V51283

(2)

1. Corporation Name

EXCLUSIVE BROKERAGE, INC.

Principal Place of Business

2275 S. FEDERAL HWY.
150
DELRAY BCH. FL 33483
US

Mailing Address

2275 S. FEDERAL HWY.
150
DELRAY BCH. FL 33483-3332
US

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 SAME

City & State

23 SAME

Zip

24 SAME

Country

25 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

DEANGELO, FLORENCE
2275 SOUTH FEDERAL HWY
DELRAY BEACH FL 33483

4. FEI Number

65-0353970

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

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
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the
above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE - Register

Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME DEANGELO, FLORENCE

STREET ADDRESS 513202 ARBOR CLUB WAY

CITY-ST-ZIP BOCA RATON 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

1.2

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1

2.2

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1

3.2

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1

4.2

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1

5.2

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1

6.2

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the
information indicated on this annual report or supplemental annual report is true and
I am an officer or director of the corporation or the receiver or trustee empowered to
appear in Block 12 or Block 13 if changed, or on an attachment with an address.

I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the
information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the
information is true and accurate and that my signature shall have the same legal effect as if made under oath; that
I execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

Deangelo, Florence

4/10/97 402225241

CR2E034 (9/96)