

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V72148

(2)

1. Corporation Name

ABA BROKERAGE CO.



Principal Place of Business

900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211

Mailing Address

900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WHELAN, M. FRED
900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211

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 609.01 and 609.15(4), Florida Statutes, this document is submitted to the state and 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 609.01 and 609.15(4), Florida Statutes.

SIGNATURE

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Fred Whelan

2 April 1996

904-744-0273

CR2E034 (12/95)