

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V73816** (3)
1. Corporation Name
ACQUISITION AND RESALE BROKERAGE, INC.

Principal Place of Business Mailing Address
1808 ARAGON AVE. **1808 ARAGON AVE.**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/22/1992** 3a. Date of Last Report **04/05/1994**
4. FEI Number **65-0364727** 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

2. Principal Place of Business 2a. Mailing Address
21 **1400 Allendale Road** 26 **1400 Allendale Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **West Palm Beach, FL** 28 **West Palm Beach, FL**
24 Zip 25 Country 29 Zip 30 Country
33405 **33405**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENTSER, ALAN D.
1400 Allendale Road
LAKE WORTH FL 33460
West Palm Beach, FL 33405

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 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits the 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 of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **PFEIFFER, PATRICIA S.**
STREET ADDRESS **2700 CLUBHOUSE POINTE**
CITY-ST-ZIP **WEST PALM BEACH FL**
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

1.1 TITLE **D/P/V/S/T** ☒ Change ☐ Addition
1.2 NAME **Gary C. Becker**
1.3 STREET ADDRESS **P O Box 3517 N/4**
1.4 CITY-ST-ZIP **Lake Worth, FL 33465**
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

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 a trustee or a person 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 addition, or on an addition.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95

407-687-4222