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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 195554

BROOKE DISTRIBUTORS, INC.

					1 1 1 1 1 1 1 1 1		A 1181 UHAN 1881
Principal Place of Business Mailing Address							
16250 NW 52 AVE. 16250 NW 52 AVE.							
MIAMI FL 33014		MIAMI FL 33014		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/24/1956		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	26				59-0776372	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & State	е	City & State	-		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country 25	Zip 29 3	Country		This corporation owes the current year Inta Personal Property Tax.	ngible Yes	□No
24	23		-1	 -	10. Name and Address of New Registered	vgent'	
			81	Name			1
RUTTER, DAVID				Street An	Idress (P.O. Box Number is Not Acceptable)		 -
16250 NW 52 AVENUE			82	000.7.0			
MIAN	MI FL 33014		83				į
			84	City	FL	85 Zi	p Code
agent. I a SIGNATURE	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florid and title if applicable (NOTE: Ro	a Statutes		ation's board of directors. I hereby accept the appoint the appoin		·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		□ DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	BROOKMIRE, EMANUEL		1.2 NAME				
STREET ADDRESS	16250 NW 52 AVENUE		1.3 STREET	1			
CITY-ST-ZIP			1.4 CITY-S	r-zip		Chang	e Addition
TITLE	P DATED DAME					☐ Criang	e
NAME	RUTTER, DAVID		2.2 NAME				
STREET ADDRESS	16250 NW 52 AVENUE		2.3 STREET	1			
CITY-ST-ZIP			2.4 CITY-S	T- ZIP		Chang	pe ☐ Addition
TITLE			3.1 TITLE 3.2 NAME			[_] Ga	
NAME			3.3 STREET	. ADDOCCC			ł
STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-219		Chang	je 🔲 Addition
NAME		_	4. 2 NAME			_ '	_
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE			Chang	e Addition
NAME			52 NAME			,	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	r-zip			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	je 🔲 Addition

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Pas. David Rutter, President 1/26/99

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90130 029 ***150.00