

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J05803** (8)
1. Corporation Name
BEARBROOK OF FLORIDA, INC.



Principal Place of Business: **1920 PALM BEACH LAKES BLVD. SUITE 202 WEST PALM BCH. FL 33409-3505**
Mailing Address: **1920 PALM BEACH LAKES BLVD. SUITE 202 WEST PALM BCH. FL 33409-3505**

3. Date Incorporated or Qualified: **03/24/1986**
3a. Date of Last Report: **08/09/1995**
4. FEI Number: **59-2769783**
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
21 **5841 Corporate Way**
Suite, Apt. #, etc.: **Suite 100**
City & State: **West Palm Beach, FL**
Zip: **33407** Country: **Palm Beach**
2a. Mailing Address
26 **5841 Corporate Way**
Suite, Apt. #, etc.: **Suite 100**
City & State: **West Palm Beach, FL**
Zip: **33407** Country: **Palm Beach**

9. Name and Address of Current Registered Agent
WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name: **Wilson, N. Griffin**
82 Street Address (P.O. Box Number is Not Acceptable): **5841 Corporate Way**
83 Suite: **Suite 100**
84 City: **West Palm Beach** FL 85 Zip Code: **33407**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, N. GRIFFIN	1.2 NAME	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	1.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, THOMAS S.	2.2 NAME	
STREET ADDRESS	1920 PALM BCH LAKES BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001827195
CITY - ST - ZIP		5.4 CITY - ST - ZIP	-05/20/96--01005--000
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***3400.00
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 partner 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, changed, or on an attachment with an address.

SIGNATURE: N. Griffin Wilson, Pres. Date: 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 407-689-4488

CR2E034 (12/95)

5-17-96 OR