

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000005202 (2)

1. Corporation Name
BROOKMAN-FELS AT TREASURE TROVE, INC.



Principal Place of Business
5901 S.W. 111TH STREET
MIAMI FL 33156

Mailing Address
5901 S.W. 111TH STREET
MIAMI FL 33156-4104

3. Date Incorporated or Qualified **01/17/1996** 3a. Date of Last Report

4. FEI Number **65-0642188** 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 **BROOKMAN-FELS**
3800 S. OCEAN DR., SUITE G-9
HOLLYWOOD, FL 33019

22 Suite, Apt. **BROOKMAN-FELS**
3800 S. OCEAN DR., SUITE G-9
HOLLYWOOD, FL 33019

23 City & State

24 Zip Country

25 Country

26 2a. Mailing Address
BROOKMAN-FELS
3800 S. OCEAN DR., SUITE G-9
HOLLYWOOD, FL 33019

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

SAVAGE, CRAIG
5901 S.W. 111TH STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, MICHAEL	1.2 NAME	BERNARD OFFENBERG
STREET ADDRESS	5901 S.W. 111TH ST.	1.3 STREET ADDRESS	3800 S. OCEAN DR G-9
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELS, JONS	2.2 NAME	
STREET ADDRESS	5901 S.W. 111TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD OFFENBERG	3.2 NAME	
STREET ADDRESS	3800 S. OCEAN DR G-9	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Bernard Offenberg VP* **BERNARD OFFENBERG VP 4/25/97** 954-455-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)