

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042971 (7)
1. Corporation Name
BROOKMAN-FELS OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3800 S OCEAN DR G-9 HOLLYWOOD FL 33019 US	Mailing Address 3800 S OCEAN DR G-9 HOLLYWOOD FL 33019 US
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3. Date Incorporated or Qualified
05/20/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 940 HARBOR ISLANDS DR City & State MIAMI FL 33156 Zip 33156 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 940 HARBOR ISLANDS DR City & State MIAMI FL 33156 Zip 33156 Country
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4. FEI Number
65-0677627 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SAVAGE, CRAIG G
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 **FL** 85 Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELS, JONATHAN E	1.2 NAME	
STREET ADDRESS	5901 S.W. 111TH ST.	1.3 STREET ADDRESS	940 HARBOR ISLANDS DR
CITY-ST-ZIP	MIAMI FL 33156	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	LEVY, MICHAEL	2.2 NAME	
STREET ADDRESS	5901 S.W. 111TH ST.	2.3 STREET ADDRESS	940 HARBOR ISLANDS DR
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFENBERG, BERNARD	3.2 NAME	
STREET ADDRESS	5901 S.W. 111TH ST.	3.3 STREET ADDRESS	940 HARBOR ISLANDS DR
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
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 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 executor 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: *[Signature]* **BERNARD OFFENBERG III**

CR2E034 (10/97)