

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 259272 (3)  
1. Corporation Name  
BROOKS TROPICALS, INC.



Principal Place of Business  
18400 SW 256TH ST  
HOMESTEAD FL 33031

Mailing Address  
PO BOX 900160  
HOMESTEAD FL 33090  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0997183	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131				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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BROOKS, N P		1.2 NAME	NUTTER, NANCY			
STREET ADDRESS	18400 S.W. 256 ST.		1.3 STREET ADDRESS	18400 SW 256 ST.			
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031			
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WHEELING, STEVEN C		2.2 NAME	BAILEY, JIMMY			
STREET ADDRESS	18400 S.W. 256 ST.		2.3 STREET ADDRESS	18400 SW 256 ST.			
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031			
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HUNT, MICHAEL O		3.2 NAME	BROXTON, DOLPHUS			
STREET ADDRESS	18400 SW 256 ST		3.3 STREET ADDRESS	18400 SW 256 ST.			
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4 CITY-ST-ZIP	HOMESTEAD, FL 33031			
TITLE	VAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAHLE, DOLF		4.2 NAME				
STREET ADDRESS	18400 SW 256TH ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EPLING, ROBERT		5.2 NAME				
STREET ADDRESS	18400 SW 256 ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33031		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 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: \_\_\_\_\_

4-21-98 305-247-3544

CR2E034 (10/97)