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Mar 04, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 259272

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

3. Date Incorporated or Qualified

05/23/1962

4. FEI Number

59-0997183

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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BROOKS, N P

STREET ADDRESS 18400 S.W. 256 ST.

CITY-ST-ZIP HOMESTEAD FL 33031

TITLE VST ☐ DELETE

NAME WHEELING, STEVEN C

STREET ADDRESS 18400 S.W. 256 ST.

CITY-ST-ZIP HOMESTEAD FL 33031

TITLE V ☐ DELETE

NAME HUNT, MICHAEL O

STREET ADDRESS 18400 SW 256 ST

CITY-ST-ZIP HOMESTEAD FL 33031

TITLE V ☐ DELETE

NAME NUTTER, NANCY

STREET ADDRESS 18400 SW 256 ST

CITY-ST-ZIP HOMESTEAD FL 33031

TITLE D ☐ DELETE

NAME EPLING, ROBERT

STREET ADDRESS 18400 SW 256 ST.

CITY-ST-ZIP HOMESTEAD FL 33031

TITLE V ☐ DELETE

NAME BAILEY, JIMMY

STREET ADDRESS 18400 SW 256 ST

CITY-ST-ZIP HOMESTEAD FL 33031

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

NANCY NUTTER RENANSEN NUTTER

2-16-99

305-247-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)