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Mar 07 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 # 440216 (0)

1. Corporation Name
BROOKS BOAT CORPORATION



Principal Place of Business: 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801
Mailing Address: 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801-1817

3. Date Incorporated or Qualified: 11/21/1973
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business: 21 7241 Barrancas Rd. 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 P.O. Box 699 27 Suite, Apt. #, etc.
4. FEI Number: 59-1500931 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: Bokeelia FL 28 Bokeelia FL
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 33922 25 Country: 29 Zip: 33922 30 Country: 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: FLORIDA CORPORATE SUPPORT INC. 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801
10. Name and Address of New Registered Agent: 81 Name: Joan Brooks 82 Street Address (P.O. Box Number is Not Acceptable): 7241 Barrancas Rd. 83 84 City: Bokeelia FL 85 Zip Code: 33922

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: Joan Brooks, Vicepres 3/3/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BROOKS, H. LEE	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	200 EAST ROBINSON ST.	1.2 NAME:	
CITY-ST-ZIP:	ORLANDO FL	1.3 STREET ADDRESS:	7421 Barrancas Rd. (P.O. Box 699)
TITLE:	VD	1.4 CITY-ST-ZIP:	Bokeelia FL 33922
NAME:	BROOKS, JOAN	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	200 EAST ROBINSON ST.	2.2 NAME:	V/D/T/S
CITY-ST-ZIP:	ORLANDO FL	2.3 STREET ADDRESS:	7241 Barrancas Rd. (P.O. Box 699)
TITLE:	SD	2.4 CITY-ST-ZIP:	Bokeelia FL 33922
NAME:	HENDRY, ROBERT R.	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	200 EAST ROBINSON ST.	3.2 NAME:	
CITY-ST-ZIP:	ORLANDO FL	3.3 STREET ADDRESS:	
TITLE:		3.4 CITY-ST-ZIP:	
NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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 in an attachment with an address.

SIGNATURE: Joan Brooks, Vicepres 3/3/97 941-283-7320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)