FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

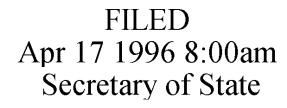
Principal Place of Business

518774

(5)

MAJESTIC BROOKWOOD, INC.

Mailing Address





60 CUTTER MILL ROAD SUITE 303 GREAT NECK NY 11021		SUITE 303	60 CUTTER MILL ROAD SUITE 303 GREAT NECK NY 11021		3. Date Incorporated or Qualified 11/18/1976	3a. Date of L	ast Report /06/1995
2. Principal Place of Bu	Isiness	2a. Mailing Address			4. FEI Number		Applied For
21	26	"		59-1689146		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Coun	Country 8. This corporation has liability for intangible tax under s 199.		nder s 199.032,	
24	25	29	30		Florida Statutes Yes XI No		
	me and Address of Current	Registered Agent			10. Name and Address of New R	egistered Age	nt
				Name			
RESSLER, NATE F. 2851 S. OCEAN BLVD.			Ī	82 Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432			ļ	33			
				34 City		FL	5 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 reinstalling) DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		RECTORS IN 12
TITLE D	P	DELETE	1, 1 TIT	LE		□ c	hange
	GOULD, JAY		1.2 NA	NE			2
STREET ADDRESS 60			1.3 STF	EE1 ADORESS			រ្នំ
CITY-ST-ZIP G	GREAT NECK NY		1.4 CIT	r - ST - ZIP			Ş
TITLE T		DELETE	2. 1 TIT	IE		□ c	hange 🔲 Addition 🕻
	GINSBURG, MYRON		2.2 NAI	NE			
	O CUTTER MILL ROAD		2.3 STHEET ADDRESS				
	GREAT NECK NY			Y-ST-ZIP		P-1 A	
TITLE V		☐ DELETE	3 1 111	LE		[hange
	UHEM, ROBERT		3.2 NAI				
	CUTTER MILL ROAD		3.3. ST	REET ADDRESS			
	REAT NECK NY	ED DECENE		Y-ST-ZIP			hange Addition
TITLE V	ALIAN BANK	DECETE	4, 1 1(1			L 0	Hange L. Audmon
	ALISH, DAVID		4.2 NAI				,
	O CUTTER MILL ROAD			REE1 ADDRESS			
	REAT NECK NY	☐ DELETE	4.4 CH	Y-ST-ZIP			Change Addition
TITLE						·	, resident
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		☐ DELETE	6 1 Ti	Y-ST-ZIP			Change Addition
TITLE			6.2 NA	i		U *	,
NAME OZOSST ADDDSOS				REET ADDRESS			ļ
STREET ADDRESS				Y-ST-ZIP			
14. I do hereby certify	that the Information supplied v	vith this filing is voluntarily urn	ished and o	loes not qualif	y for the exemption stated in Section 119	.07(3)(k), Florida	Statutes, I further

certify that the information indicated on this annual report or supplumental 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, for proper altachment with an address.

CIGNATURE

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayt-me Phone