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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90007 030 ****158.75

DOCUMENT # 545481

1. Corporation Name
JOSEPH MIDDLEBROOKS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6480 SW 62 AVENUE MIAMI FL 33143	6480 SW 62 AVENUE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/16/1977

4. FEI Number	Applied For
59-1785836	Not Applicable

5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ — **$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip — Country	Zip — Country
24 — 25	29 — 30

9. Name and Address of Current Registered Agent

MIDDLEBROOKS, JOSEPH
6480 SW 62 AVE
MIAMI FL 33143

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS

			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MIDDLEBROOK, JOSEPH		1.2 NAME	
STREET ADDRESS	6480 SW 62 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECK, JOSEPH		2.2 NAME	
STREET ADDRESS	6480 SW 62ND AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROUMAIN, GEORGE		3.2 NAME	
STREET ADDRESS	6480 SW 62ND AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	D		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: _SIGNATURE REQUIRED_   1-7-98   305-661-7594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #