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

PROFI1 CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

 $\int_{\mathbb{R}^{n}} \left\{ \left[ \left( \frac{1}{n} + \left( \frac{1}{n} \right)^{n} \right) \right] \right\}$ 

97 JUN 24 MM 8: 05

SEURETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 570442  1. Corporation Name BROOKS TRAVEL INC.  Principal Place of Business 2100 - 45TH ST. STE. B14 WEST PALM BEACH FL 33407  W. PALM BCH. FL 33407-2016				SECRETARY OF STATE TALL AHASSEE FLORIDA	
2. Principal P	Place of Business	2a. Mailing Address	•••••	4. FET Number 59-1924352	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	25 Country		Country	This corporation has liability for in I lorida Statutes      Name and Address of New Reg	Yes No
	9. Name and Address of Current ELEY, ROSEMARIE	Hegistered Agent	81 Name	10. Name and Address of New Heg	istered Agent
2100 - 45TH ST., S. B-14 WEST PALM BEACH FL 33407			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
WE	ST PALM DEACH FL 3340/		84 City		<b>85</b> 7(p Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607.1508, Florida Statute f Florida, Such change was a	es, the above named cor outhorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	FL   3   7   7   7   7   7   7   7   7   7
agent. I a SIGNATURE	m tamiliar with, and accept the obligat		rida Statutës.  Hegistered Agent signature requ		DAIL
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
THLE	P POSTANDE I	☐ DELETE	1.1 TITLE		Change Addition
NAME	KEELEY, ROSEMARIE U. 5200 N. DIXIE HWY.A.1805		1.2 NAME	5000022	252659 7-01105-006
STREET ADDRESS	WEST PALM BEACH FL		1.3 STREET ADDRESS	~Ub/ご(/こ ****165	//01105005 .00 ****165.00
CITY-ST-7IP	\$	Delier	1.4 CITY+ST-7IP	ক্ৰক্ৰ100	Change Addition
NAME	FILES, TRUDE	<b>L</b> 24 <b>W</b> WW	2.2 NAMI		E parago
STREET ADDRESS	4411 LEO LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL		2.4 CHY-S1-ZIP		
TiTLE		DELETE	3.1 DUF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. GHY-SI-7IP	and the second s	
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEFT ADDRESS		
DITY-ST-2(P 1(TLE		DELETE	4.4 CHY-S1-7IP 5.1 TRUE		Change Addition
NAME.		FT percit	5 2 NAME		Fina cumilia Fill Manuful
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-\$1-7P		
101LE	·	DETETE	61 BHF		Change Addition
NAME			6.2 NAME		–
STREET ADDRESS			63 STREET AUDRESS		
	ì		64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filling 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 offect as if made under oath; if 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