

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846126 (1)
1. Corporation Name
BROOKWOOD, LTD.-SOUTHEAST, INC.

Principal Place of Business
122 LAKESHORE DR NE
MARIETTA GA 30067-4116
US

Mailing Address
122 LAKESHORE DR NE
MARIETTA GA 30067-4116
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/02/1980	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	58-1189655	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MACK, THEODORE E ESQ
101 N GADSDEN ST
TALLAHASSEE FL 32301

Note: Address change only

10. Name and Address of New Registered Agent

81 Name Theodore E. Mack, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) Ted Mack, P.A.
83 803 N. Calhoun Street
84 City Tallahassee FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 607.0500 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 date 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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUMMELS, KENNETH P		12 NAME				
STREET ADDRESS	122 LAKESHORE DR., N.E.		13 STREET ADDRESS				
CITY - ST - ZIP	MARIETTA GA 33067-4116		14 CITY - ST - ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUMMELS, MARILYN R		22 NAME				
STREET ADDRESS	122 LAKESHORE DR., N.E.		23 STREET ADDRESS				
CITY - ST - ZIP	MARIETTA GA 33067-4116		24 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY - ST - ZIP			34 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY - ST - ZIP			44 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - ST - ZIP			64 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.

SIGNATURE: [Signature] Mortham, B. Gummels 02/04/98 330-655-5500

CP2E034 (10/97)