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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850815 (2)

1. Corporation Name

BROOKWOOD INVESTMENTS, LTD. CORPORATION

Principal Place of Business	Mailing Address
122 LAKESHORE DRIVE. NE MARIETTA GA 30067 US	122 LAKESHORE DIRVE. NE MARIETTA GA 30067 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1981

4. FEI Number **58-1402319**	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33824~~

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.1Calhoun Street
84	City Tallahassee FL	85 Zip Code 32303

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 _Theodore E Mack_ Theodore E. Mack 2/12/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **STVD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **GUMMELS, MARILYN R.**		1.2 NAME	
STREET ADDRESS **122 LAKESHORE DIRVE, N.E.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MARIETTA GA**		1.4 CITY-ST-ZIP	
TITLE **PD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **GUMMELS, KENNETH P**		2.2 NAME	
STREET ADDRESS **122 LAKESHORE DRIVE, N.E.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MARIETTA GA 16**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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. Marilyn R. Gummels

SIGNATURE: