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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

F1602

(4)

BROOKEIELD FARMS, INCORPORATED

	MILLD FAMING, INCOME OF								
Principal Place	e of Business	Mailing Address							
	ana avenue	P.O. BOX 1870							
Suite B Deland Fl	99794	DELAND FL 32721-187	U			-T-:			-,
DECRITO I E	06.27				3. Date Incorporated or Qualified		of Last Re	-	1
					01/26/1981	<u> </u>	<u>5/01/19(</u>		\dashv
2. Principal Pi	lace of Business	2a. Mailing Address			4, FEI Number		h	Applied For Not Applicable	\dashv
21		26 Suite Apt # etc			59-2245322			Additional	\dashv
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	
City & Stat	е	City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			to Fees	_
Zip	Country	Zip	·	intry	8. This corporation has liability for	intangible ta ₃	x under s	199.032,	
24	[25]	29	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes 10. Name and Address of New I		Agent		\dashv
	g. Name and Address of Curre	nt negistereo Agent		81 Name	IV. Halle and Addiess of New I	yioioidi	-Serie		7
•				1 1					_
	SON, J. DANIEL			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	ast indiana avenue			63		-,			-
SUITE									
DELAN	D FL 32724			84 City		FL	85 Zig	o Code	
44 5	to the are inions of Continue CO7 050	0 and 607 1509 Florida Statut	as the sh	we-named cornor	ation submits this statement for the pu	iroose of cha	nging its r	egistered offic	ē
or registe	ered agent, or both, in the State of Flor	rida. Such change was authoriz	ed by the	corporation's boar	d of directors. I hereby accept the app	pointment as	registered	agent, I am	
familiar w	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	3.						
SIGNATURE	Signature typed or printed name of registered age:	ot and tale if and cable (Ni	N.F.: Bagistere	d Agent signature required	d when reinstating	DATE			۔ ان
12.		ND DIRECTORS	13.	3	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	CR2E034 (12/95)
TITLE	D	DELETE	1.1	TITLE		ī	Change	☐ Addition	
NAME	DOOM, J.R.		121	AME					8
STREET ADDRESS	125 E. INDIANA AVENUE		1.3 9	TREET ADDRESS					[]
CHTY-ST-ZIP	DELAND FL		1.4 (ITY-ST-ZIP					_]꽃
TITLE	D	DELETE	2. 1	TITLE		[Change	Addition	-
NAME	SWEET, CHARLES		221	IAME					
STREET ADDRESS			2.3 9	TREET ADDRESS					
CITY ST-ZIP	ANSONIA CT		240	HTY-ST-ZIP					_
THILE	D	☐ DELETE	3 1	TIFLE		[Change	☐ Addition	
NAME	PETERSON, J. DANIEL		321	IAME					
STREET ADDRESS	125 EAST INDIANA AVENU	e, suite b	33	STREET ADDRESS					
CITY - ST - ZIP	DELAND FL			CITY-SI-ZIP			7 (Maddition	
TATLE	P	☐ DELETE		TITLE		Į.	Change	Addition Addition	
NAME	BREWSTER, WM. PATRICK			IAME					
STREET ADDRESS		e, suite b	1	STREET ADDRESS					1
CITY-ST-ZIP	DELAND FL	Pro per pre		CITY - \$1 - ZIP		<u>-</u>	Change	Addition	\dashv
Trile		DELETE		TITLE		L	cuange	LI AGGREGAT	
NAME				NAME					
STHEET ADDRESS	• [STREET ADDRESS					ļ
CITY-ST-ZIP		T DELETE		CITY-ST-ZIP			Change	Addition	
TITLE		☐ DELETE		TITLE		ı	TI CHALLIE	☐ Modition	
NAME				NAME					-
STREET ADDRESS	: [STREET ADORESS					
CITY-ST-ZIP			6.4	CITY-ST-ZIP					_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 Elock 13 if changed, or on an altachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIE

30 Aprul 1996