

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004205 (1)

1. Corporation Name

BROOKE MOTORS, LIMITED INC.



Principal Place of Business

14030 N. CLEVELAND AVE.  
NORTH FORT MYERS FL 33903  
US

Mailing Address

14030 N. CLEVELAND AVE.  
NORTH FORT MYERS FL 33903  
US

3. Date Incorporated or Qualified  
09/15/1993

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0431691

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BINNIX, ROBERT  
12341 EAGLE POINT CIR.  
FT. MYERS FL 33918

81

Name

LENORA WELCH

82

Street Address (P.O. Box Number is Not Acceptable)

14030 N. CLEVELAND AVE.

83

84

City

N. FT. MYERS

FL

85

Zip Code

33903

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

*Lenora Welch*

LENORA WELCH

02/12/96

(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 ☐ DELETE

NAME  
BINNIX, ROBERT  
STREET ADDRESS  
12341 EAGLE POINT CIR.  
CITY-ST-ZIP  
FT. MYERS FL

1.1 TITLE ☒ Change ☐ Addition

NAME  
SHAWN SOTOLONGO  
STREET ADDRESS  
12341 EAGLE POINT CIR.  
CITY-ST-ZIP  
FT. MYERS, FL. 33918

TITLE ☐ DELETE

NAME  
SOTOLONGO, SHAWN  
STREET ADDRESS  
11501 HAMPTON GREENS DRIVE  
CITY-ST-ZIP  
FT. MYERS FL

2.1 TITLE ☒ Change ☐ Addition

NAME  
LEON BLAIWEISS  
STREET ADDRESS  
14030 N. CLEVELAND AVE.  
CITY-ST-ZIP  
N. FT. MYERS, FL. 33903

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

NAME  
GINA ALVAREZ  
STREET ADDRESS  
14030 N. CLEVELAND AVE.  
CITY-ST-ZIP  
N. FT. MYERS, FL. 33903

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 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:

*Shawn Sotolongo*

SHAWN SOTOLONGO

02/12/96 (941) 997-9119

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)