FILED

03-29-1999 90103 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003013

BROOKE	(OVERSEAS) LTD. INC.								
Principal Place	of Rusiness	Mailing Address				-{	[100 1131 1001
1209 ORANGE S WILMINGTON DI US	ST	1209 ORANGE ST WILMINGTON DE 19801 US		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			1
		- I Go				06/19/1995		1 4	lind For
— ·	ace of Business	2a. Mailing Address				4. FEI Number	-		lied For Applicable
21	4 11	Suite, Apt. #, etc.		13-3588402	\$8		ditional		
Suite, Apt.	#, etc.	⊢	27		5. Certifcate of Status Desired		ee Req		
City & State	9	City & State			6. Election Campaign Financing	\$5	.00 A	lay Be	
23		28	28		Trust Fund Contribution	A.	ided to	Fees	
Zip	Country	Zíp	Coun	itry		8. This corporation owes the current y	ear Intangible		_
24	25 29 30					Personal Property Tax.	□ Ye	s L	□No
	9. Name and Address of Curren	t Registered Agent		2.1		10. Name and Address of New Regi	stered Agent		
	000000170N 0V0TF11		l l	81	Name				
C T CORPORATION SYSTEM			Ī	82 Street Address (P.O. Box Number is Not Acceptable)				-	
1200 SOUTH PINE ISLAND ROAD									
PLAN	ITATION FL 33324		ľ	83					
				84	City	<u></u>	FL 85	Zip C	ode
11 Durguant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the ab	ove	-named corpo	oration submits this statement for the purp	ose of chang	ng its r	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthorized	DV I	the corporatio	on's board of directors. I hereby accept the	e appointment	as reg	istered
SIGNATURE							DATE	_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I 12. OFFICERS AND DIRECTORS			Registered A	gent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR	RS IN 12
TITLE	CD	DELETE	1.1 TITL	E			CH		Addition
NAME	LEBOW, BENNETT S	<u></u>	1.2 NA						
STREET ADDRESS	100 SE 2ND ST			1.3 STREET ADDRESS					
	MIAMI FL		•						
CITY-ST-ZIP	V DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Ci	ange	Addition
NAME	LAMPEN, RICHARD J		2.2 NA						
STREET ADDRESS	100 SE SECOND ST 32ND FL				ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CIT						
TITLE	PTD	☐ DELETE	3.1 TITE				□ CI	ange	☐ Addition
NAME	BERNSTEIN, RONALD J		3.2 NA	ME	-				
STREET ADDRESS	100 SE SECOND ST., 32ND FI	:00R	3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CIT	IY-81	T-ZIP				
TITLE	S	☐ DELETE	4.1 TITI				CI	ange	Addition
NAME	BELL, MARC N		4. 2 NA	ME					
STREET ADDRESS	100 SE SECOND ST., 32ND FI	LOOR	4.3 STF	REET	ADORESS				
CITY-ST-ZIP	MIAMI FL		4.4 CIT	Y-ST	r-ZIP				
TITLE	AS	☐ DELETE	5.1 TITE	LE				ange	☐ Addition
NAME	KIRKLAND, J B III		5.2 NA	ME					
STREET ADDRESS	100 SE SECOND ST 32ND FL		5.3 STF	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		5.4 CIT	Y-ST	-ZiP				
TITLE	V	☐ DELETE	6.1 TITI	LE			□ ci	ange	Addition
NAME	VAN SICLEN, JOSELYNN D		6.2 NA	ME	Ì				
STREET ADDRESS			6.3 STF	REET	ADORESS				

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 or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MIAM! FL

March 25, 1999

(305) 579-8000

Daytime Phone #