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 G50778

(1)

BROOKFIELD OF BOCA, INC.

Principal Place of Business	Mailing Address	



% JAMES F LINEHAN 1801 CLINT MOORE #114 BOCA RATON FL 33487 % JAMES F LINEHAN 1801 CLINT MOORE #114 BOCA RATON FL 33487		3. Date Incorporated or Qualified	3a. Date of Last F					
		.,			07/18/1983	04/14/19		
2. Principal Plac		2a. Mailing Address	. 0		4. FEI Number		Applied For Not Applicable	
21 6421	congness have	[26] JOYY	LL_		59-2305784	60 7		
Suite, Apř. #,	Sc.	Suite, Ant. #, etc.			5. Certificate of Status Desired		5 Additional Required	
(City & State (A))					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
1-4 1 10 000 1000 1000 1000 1000 1000 10			Counti	у	8. This corporation has liability for intangible tax under s 199.032,			
24 33U87 25 UVY 29 30			30		Florida Statutes Yes No			
	9. Name and Address of Current	Flegistered Agent			10. Name and Address of New F	Registered Agent		
			8	1 Name				
LINEHAN,	, JAMES F		8	2 Street A	ddress (P.O. Box Number is Not Acceptat	ble)		
	EBROOK DR ATON FL 33433		В	3				
BOOKIE	101112 00 100		8	4 City		FL 85 2	Ip Code	
				1			registered office	
or registere	the provisions of Sections 607,0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Such change was authoriz	ea by the co	-named cor poration's t	poration submits this statement for the pu loard of directors. I hereby accept the app	rpose of changing to pointment as registere	d agent. I am	
SIGNATURE	Signature, typed or printed name of registered agent to	out the County and N	TF: Floristered A	sa Lisionellura na	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12	
TITLE	DP	DELETE	1.1100	E	A	Change	☐ Addition	
NAME	LINEHAN, JAMES F		1.2 NAM	E	6421 Conones Bo	e #204		
STREET ADDRESS	5962 PINEBROOK DR		1,3 S1R	ET ADDRESS	21/1 00/10/12	22482		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CHTY	-ST-7IP	Boca Raton, Ma	33487		
TITLE	DVP	DELETÉ	2. 1 TIIL	E	•	Change	_	
NAME	LINEHAN, GREGORY		2.2 NAM	E	6421 Congress A	Ve # 2d	P	
STREET ADDRESS	5962 PINEBROOK DR		2 3 STR	E1 ADDRESS	0 1 1 1 C			
CITY-S1-ZIP	BOCA RATON, FL 00000		2.4 CITY	- ST- 7IP	Isaa Ilanon, Fla	33487 Dechange		
TITLE	DT	DELETE.	3 1 1 1 1	F		Chang	Addition	
NAME	ACKER, JESSICA L		3 2 NAV	٤	6421 Corness Ad	le 1204		
STREET ADDRESS	5807 WINDRIFT LANE		3.3. \$1F	eet addréss	of the Flo	27487		
CITY-ST-ZIP	BOCA RATON FL			-ST-71P	DOGG HOUDA I 19	77701	F-1 1442	
TITLE	DS	□ DELĒT€	4 1 111		^ ^.	La Change	e [] Addition	
NAME	LINEHAN, REBECCA		4.2 NAN		6421 Cononess Au	e It adj		
STREET ADDRESS	5962 PINEBROOK DR			EEL ADDRESS	8 1 1 A	224×7	ļ	
CITY-ST-ZIP	BOCA RATON, FL 00000			- ST - ZIP	DOXG MUJON, LO	7 3 TO Chang	e [] Addition	
TITLE		DELETE	5 1 1:11	}	•	[_] Grang	Nontroll	
NAME			5 2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		DELĒTĒ		(-\$1-ZIP		☐ Chang	e	
TITLE			6. 1 TH 6 2 NAM	i		L. Chang		
NAME			1					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		with this filippo is voluntarily ful	mished and d	r-ST-ZIP	lify for the exemption stated in Section 11	9.07(3)(k). Florida Sta	tutes. I further	

I do hereby certify that the illiformation 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 is clicated 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 office or liferector 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.

| GNATURE: | Communication | Communication

SIGNATURE:

CR2E034 (12/95)