

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90239 008 \*\*\*158.75

DOCUMENT # G50778

1. Corporation Name

BROOKFIELD OF BOCA, INC.

Principal Place of Business

6421 CONGRESS AVE  
#204  
BOCA RATON FL 33487  
US

Mailing Address

6421 CONGRESS AVE  
#204  
BOCA RATON FL 33487  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1983

4. FEI Number

59-2305784

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 723 Avenida Del Sol

2a. Mailing Address

26 P.O. Box 812169

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Boca Raton FL

Zip Country

24 33432

25 Palm Beach

City & State

28 Boca Raton FL

Zip Country

29 33481

30 Palm Beach

9. Name and Address of Current Registered Agent

ACKER, JESSICA L  
7664 NW 70TH WAY  
PARKLAND, FL  
BOCA RATON FL 33067

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VPDT  
ACKER, JESSICA L  
STREET ADDRESS  
7664 NW 70TH WAY  
CITY-ST-ZIP  
PARKLAND FL 33067

TITLE ☐ DELETE

NAME  
VPDS  
LINEHAN, REBECCA  
STREET ADDRESS  
7780 KENWAY PLACE W  
CITY-ST-ZIP  
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
PD  
LINEHAN, JANET M  
STREET ADDRESS  
801 W WASHINGTON PO BOX 2278  
CITY-ST-ZIP  
MIDDLEBURG VA 20118

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JESSICA L Acker

4/29/99

Date

561-998-9400

Daytime Phone #

CR2E034 (1/98)