

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 # H20090

(7)

1. Corporation Name

NORTHLAKE MOBIL, INC.



Principal Place of Business

4201 NORTHLAKE BLVD  
PALM BEACH GARDENS FL 33410

Mailing Address

4201 NORTHLAKE BLVD  
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified  
09/07/1984

3a. Date of Last Report  
11/03/1995

2. Principal Place of Business

21 8733 Bate's Rd

2a. Mailing Address

26 8733 Bate's Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2418520

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

City & State

23 Palm Beach Gardens FL

City & State

28 Palm Beach Gardens FL

Zip

24 33418

Country

25 Palm Beach

Zip

29 33418

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BROOKE, RONALD D.  
12523 TANGERINE BLVD.  
WEST PALM BEACH FL 33412

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

Signature: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME BROOKE, RONALD D.  
STREET ADDRESS 12523 TANGERINE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL  
☒ DELETE

TITLE PS  
NAME Brooke Ronald D.  
STREET ADDRESS 8733 Bate's Rd  
CITY-ST-ZIP Palm Beach Gardens FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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 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:

Signature: typed or printed name of signing officer or director  
6/20/96 1-407-789-7930

CR2E034 (12/95)