

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 # **H23391**

(6)

1. Corporation Name

BROOKS PAINTING, INC.

Principal Place of Business

**4403 GEORGIA AVE
W PALM BEACH FL 33405
US**

Mailing Address

**4403 GEORGIA AVE
W PALM BEACH FL 33405
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1984		3a. Date of Last Report 03/16/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2448198		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	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			
BROOKS, VIVIAN L. 4403 GEORGIA AVE W PALM BEACH FL 33405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BROOKS, BRADLEY E.	1.2 NAME	
STREET ADDRESS	1002 PASEO MORELLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	Vice Pres.
NAME	BROOKS, VIVIAN L.	2.2 NAME	Nestor W. Elizalde
STREET ADDRESS	1002 PASEO MORELLA	2.3 STREET ADDRESS	3803 Beverly Drive
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Samuel L. Bell
STREET ADDRESS		3.3 STREET ADDRESS	1516 N. W. 11th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE		4.1 TITLE	Treasurer
NAME		4.2 NAME	Danny G. Henry
STREET ADDRESS		4.3 STREET ADDRESS	4326 S. Lander Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley E. Brooks

3/11/96

Date

407-832-0957

Daytime Phone #

CR2E034 (12/95)