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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H23391

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BROOKS PAINTING, INC.

Principal Place of Business		Mailing Address		I UNDLOIN BIND NOOD NICOD URIO UDUUL IN	I OLDE BIBIL BIBIL BIBIE BIBI	PIBLI IBBI
4403 GEORGIA AVE W PALM BEACH FL 33405 US		4403 GEORGIA AVE W PALM BEACH FL 33405-2523 US				
				3. Date Incorporated or Qualified 10/01/1984	3a. Date of Last R 03/19/1996	eport
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	At	plied For
21		26	W	59-2448198	No.	t Applicable
Suite, Apt #		Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Fee Re	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		. 199.032,
24	25	[29]	30		Yes No	
DOO	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	oks, vivian L. Bigeorgia ave			ording 6. Brook	S	
	ALM BEACH FL 33405			dress (P.O. Box Number is Not Acceptat		
W F	ALM DEACH FE 33403		83 440.	s georgia Avenu	.e	
	, /		84 City A	D 1. 3	85 Zip	Code SYOS
11 Purcuant l	a the proviseds of Spotons 607.05	502 and 607 1608 Florida Stal	tutor, the above named cor	rporation submits this statement for the p	FL 3	200
office or re	edistered adopt or both to the Stat	te of Florida. Such change wa	is authorized by the corners	ation's board of directors. I hereby acce	pt the appointment as	registered
noont Lee	n familiar with and affection the tobi	gations of, Section 607.0505,	Florida Statutes.		1 /	
agent rar		•				
SINIATURE .					3,05/97	
SINIATURE	Signature y dyer printerbyle of regions led a	gent and title if applicable (N	IOTE: Registered Agent signature requ		Sps/97	C IN 40
SIXUATURE	Signatury 9, 44 or printertury is of replached a OFFICERS AI	igent and trile if applicable (N ND DIRECTORS	IOTE: Registered Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	
SINIATURE 12.	Signatury Andrew printer and its of registered at OFFICERS AI	gent and title if applicable (N	IOTE: Registered Agent signature requirements. 1.1 TITLE			S IN 12
SINGATURE 12. TITLE NAME	Signature V. dy or printer by a fit register of a post of a PD BROOKS, BRADLEY E.	igent and trile if applicable (N ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTOR	
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