5-6-97 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H24721

(3)

BROOKS RAYMOND GROUP, INC.

| Principal Place of Business Mailing Address | | | | | | | | | 1 | | | |
|--|---------------------------------------|--------------------------|------------|--|----------------------|----------|--------------------------------|-------------------|--|--------------------------|--------------------------|-----------------------|
| 2502 - 21ST AVE S W LARGO FL 34844 | | | | 2502 - 21ST AVE S W LARGO FL 33774-1801 | | | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 10/10/1984 | | ate of Last F 25/1996 | Report |
| 2. Principal Place of Business | | | | 2a. Mailing Address 26 | | | | | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | II. | \$8.75 | Additional equired |
| City & State | | | | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 | May Be |
| Zip | Country | | | Zip Cpur | | | | | Trust Fund Contribution | | | |
| 24 | ž | 25 | | 29 30 | | | 1 | | | · — · — | | 5. 189.032, |
| | 9. Name a | and Address of Curren | t Registe | red Agent | | T | | | 10. Name and Address of New Re | gistered / | Agent | |
| BRO | OKS, RAYM | OND E., JR. | | | | 61 | Namo | | | | | |
| 2502-218T AVE, S.W. LARGO FL -94844 — 3377 4 | | | | | 62 Street Ac | | | Addres | s (P.O. Box Number is Not Acceptat | ole) | | |
| | | , , | | | | В3 | | | THE STATE OF THE S | | | |
| | | | | | | 84 | City | | | FL | 85 Zip | Code 77 4 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. | | | | | | | named o | corpor oration | ation submits this statement for the p n's board of directors. I hereby accep | ourpose of of the app | | |
| SIGNATURE | uri iairiiliar wili | i, and accept the obliga | ilions or, | Section 607.0505, 11 | onua Sp | nutes | · . | | | | | |
| Signature, typod or printed name of registered ager | | | | it and little if applicable (NOTL Registered Agent signature | | | nt signature r | required | when reinstating) | DATE | | |
| 12. | | OFFICERS AN | DIRECT | ORS DELETE | 13. | | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 12 |
| TITLE | PVS BROOKS, RAYMOND E., JR. | | | 1.1.1 | 1.1 THLE | | | | | Change | Addition | |
| NAME | 12315-B 62 | | | | | NAME | | | | | | |
| STREET ADDRESS | LARGO FL | IND STAN. | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | T | · | | DELETE | | CITY - S | T-ZIP | | | | T 1 01 | 14.400 |
| | BBOOKS I | RAYMOND E., JR. | | L) DETERE | 2.17 | | | | | | Change | L_ Addition |
| NAME OZDECZ ADDOCCO | 12315-B 62 | | | | | NAME | | | | | | |
| STREET ADDRESS | LARGO FL | 2110 O1.11. | | | 1 | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | V | | | DELETE | 2. <u>1</u> 3.1 1 | CITY-5 | ST- ZIP | | | | Change | Addition |
| NAME | BIRELEY, T | HOMAS I. | | order | | NAME | - | | | | L Change | ר"ו אפטווופוז |
| STREET ADDRESS | 3129-21ST | | | | | | | | | | | |
| CITY-ST-ZIP | ST. PETER | | | | | | ADDRESS | | | | | |
| TITLE | 8 | | | DELETE | 4.1 1 | CHY-S | 51-7(P) | | | | Change | Addition |
| NAME | COX, MASI | ON PH.D. | | La vecere | - 6 | | | | | | □ Citaligo | E''I Addition |
| STREET ADDRESS | A A A BANK MONTH PROPERTY OF THE SAME | | | | | | 4.2 NAME 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | LABOR PL | | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | DELETE | 5.11 | | 1-611 | | | | Change | Addition |
| NAME | | | | _ | | IAME | | | | | | La rayingi) |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | DITY-S | | | | | | |
| TITLE | | | | DELE 1E | 6.11 | | | | | | Change | Addition |
| NAME | | | | | | IAME | | | | | | |
| STREET ADDRESS | Ending Tennes | | | | | | ADDRESS | | | | | |
| | | | | | | | | | | | | 4 |

14. I do 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 suppliemental 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 life receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 18 of Block 13 if changed, or on a station ment with an address.

6.4 CITY-S1-ZIP