FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

350 EAST ALFRED STREET

P.O. BOX 1208



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H38423

(0)

P.O. BOX 1208

BROOKHAVEN REALTY, INC.

FILED

Jan 14 1997 8:00am

Secretary of State

DEAST ALFRED STREET	350 EAST ALFRED STREET	
rincipal Place of Business	Mailing Address	

		ENGLADING IT ANALY IS							
				3. Date incorporated or Qualified 01/09/1985	od 3a. Date of Last Report 01/29/1996				
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number	<u></u>	i la	pplied For	
21		26	26			=A A (AAAAA			lot Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc.				SR 75 Additional			
22		27			5. Certificate of Status Desired Fee Required				
City & Stat	e	City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation has liability for			s. 199.032,
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Currer	nt Registered Agent		ļ,		10. Name and Address of New Re	gistered A	gent	,.
KUDI	er, Jack A.			B1	Name				
2000 WEST LAKE HAMILTON DRIVE				82	Stroot Ad	Idress (P.O. Box Number is Not Acceptab	la\		
WINTER HAVEN 33882				"	Silberru	idless (F.O. BOX Number is NOT Acceptac	лет		
				83					
				0.4	0.1			[ac 7]	0-1-
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes the a	LLL	e-named co	progration submits this statement for the r		changing	its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appo	ointment a	s registered
agent. Fa	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Sta	iutes	S.				
SIGNATURE	5 grazuro typest er pronout nan einfireuisteted agr	ent and tife it ano wable (NO)	If Begistere	d Age	rt signature rec	guired when reinstating)	OATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	PTD	DELETE	117	ITLE	T			Change	Addition
NAME	KUDER, JACK A.		12 N	IA.MF					
STREET ADDRESS				ADDRESS					
	S 2000 W LAKE HAMILTON DR WINTER HAVEN FL								
C(TY-ST-ZIP	VDS	DELETE		1.4 CITY - ST - ZIP 2.1 TP LE				Change	Addition
TITLE		L. Detter						L Orango	
NAME	KUDER, JOHN D.			2.2 NAME					
STREET ADDRESS	2000 W LAKE HAMILTON		238	2.3 STREET ADDRESS					
CITY - ST - ZIP	WINTER HAVEN FL				ST-ZIP				
TITLE		DELETE	3 1 T	LE				Change	Addition
NAME			3.2 N	MME					
STREET ADDRESS			3.3 9	TREET	ADDRESS				
C-TY-ST-ZIP			34 (C 1Y-5	ST-ZIP				1
TITLE		DELETE	4.1 T			The state of the s		Change	Addition
NAME			4.21	NAME	ļ				
STREET ADDRESS			- 6		ADDRESS				
CITY - ST - ZIP		DELFTE		HY-S	1-215			Change	Addition
TITLE	ב) טנגויוני		1	5.1 TITLE 5.2 NAME				- Outrigo	
NAME			1						
STREET ACCRESS					ADDRESS				
CITY+ST-ZIP				R-YIK	i - <i>I</i> IP				
TITLE		☐ DELETE	6.1 1	TTLE				Change	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
C(TY-ST-ZIP			6.4 f	HY-S	ST-2HP				
	L					11 0 11 440 67(0)() 5: 11 0: 1 1			

I do hereby certify that the information supplied with this filling 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 off-cer or director of the corposition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

🕮 🔛 🕒 John D. Kuder