

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H38423 (0)  
1. Corporation Name  
BROOKHAVEN REALTY, INC.

Principal Place of Business 350 EAST ALFRED STREET P.O. BOX 1208 LAKE ALFRED FL 33850	Mailing Address 350 EAST ALFRED STREET P.O. BOX 1208 LAKE ALFRED FL 33850
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1985	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-2493082		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KUDER, JACK A. 2000 WEST LAKE HAMILTON DRIVE WINTER HAVEN 33882				10. Name and Address of New Registered Agent	
81 Name				John D. Kuder	
82 Street Address (P.O. Box Number is Not Acceptable)				350 East Alfred St. POB 1208	
83 City				Lake Alfred, FL 33850	
84 Zip Code				FL 85	

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 *John D. Kuder* (NOTE: Registered Agent signature required when reinstating) DATE 4/20/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUDER, JACK A.			1.2 NAME	Jack A. Kuder		
STREET ADDRESS	2000 W LAKE HAMILTON DR			1.3 STREET ADDRESS	350 E. Alfred St. POB1208		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	Lake Alfred, FL 33850		
TITLE	VDS	<input type="checkbox"/> DELETE		2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUDER, JOHN D.			2.2 NAME	John D. Kuder		
STREET ADDRESS	2000 W LAKE HAMILTON			2.3 STREET ADDRESS	350 E. Alfred ST. POB 1208		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	Lake Alfred, FL 33850		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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: *John D. Kuder* John A Kuder 4/8/98 941-956-1104

CR2E034 (1097)