PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H38788

BROOKS INDUSTRIES, INC.

		_				
Principal Place of Business	Mailing Address			•		•
671 NE 195 ST	P. O. BOX 2487					
#410	HALLANDALE FL 33008			DO NOT WRITE IN THE	S SDACE	
N. MIAMI FL 33179	US			3. Date Incorporated or Qualified	3 31 AOL	
US			•	01/21/1985		
	2a. Mailing Address			4. FEI Number	Applied For	
Z. Principal Frace of Business				59-2496316	Not Applica	ble
26 Suite Ant # etc. Suite, Apt. #, etc.					\$8.75 Additional	1
Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Required	
22	City & State	•		6. Election Campaign Financing	\$5.00 May Be	
City & State	⊢			6, Election Campaign Financing Trust Fund Contribution	Added to Fees	
23	28 Zip	Count		8. This corporation owes the current year li	ntangible	
Zip Country		30	.,	Personal Property Tax.	☐Yes 【ZNo_	
24 25 -		1301		10. Name and Address of New Registere	d Agent	
9, Name and Address of Curre	nt Registered Agent		1 Name	10.		
PROOFE POREST		٦			* * * * * * * * * * * * * * * * * * * *	
BROOKS, ROBERT		8	Street Add	dress (P.O. Box Number is Not Acceptable)	e se kanalangan	-35,0
#410		8	33	The state of the s		ř.
N. MIAMI BCH. FL 33179		L			85 Zip Code	7.5
11. Pursuant to the provisions of Sections 607.05		1	City	F	L i i i	
office or registered agent, or both, in the State agent I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered agent. OFFICERS A			•	ired when reinstating) (7. 3	. !
	☐ DELETE	1.1 TITL		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 1 Change Ad	2 Idition
NAME BROOKS, ROBERT		1.1 TITU 1.2 NAM	IE		AND DIRECTORS IN 1	2 Idition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90023 033 ***150.00