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

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)J14996 BROOKS OF BRADENTON INC. Principal Place of Business Mailing Address 2919 26TH STREET W. 2919 26TH STREET W. **BRADENTON FL 34205 BRADENTON FL 34205** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1986 2. Principal Place of Business 2a. Mailing Address Applied For 59-2672362 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JAWITZ, JACK 2919 26TH ST W. 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE NAME JAWITZ, JACK 1.2 NAME CRZE034 2919 26TH ST W. STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 21 TITLE NAME JAWITZ, PAULA 2.2 NAME 2919 28TH ST W. STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CiTY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change ■ Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CER OR DIRECTOR

ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an red

14. I hereby certify that the information supplied with this indicated on this annual report or supplied ontal annuafficer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an anachmen

SIGNATURE: X RONATURE AND TYPED OR