

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J29395 (7)

1. Corporation Name

JOSEPH E. BROOKS AND ASSOCIATES, CORP.



Principal Place of Business

Mailing Address

P.O. BOX 674
GREENWICH CT 06836

P.O. BOX 674
GREENWICH CT 06836

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/19/1986

3a. Date of Last Report

01/19/1995

4. FEI Number

58-1723242

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 required for the listed name of registered agent and the filer.

Signature required for Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

PT
BROOKS, JOSEPH E.
599 LAKE AVENUE
GREENWICH CT

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

VS
BROOKS, ALICE K.
599 LAKE AVENUE
GREENWICH CT

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

3. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

4. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

6. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, director or 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 the attached attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

203.661-7661

CR2E034 (12/95)