

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

J43134

1. Corporation Name

BROCK'S PEMBROKE PINES FLORNT, INC.

Principal Place of Business

6600 PEMBROKE ROAD
PEMBROKE PINES, FL 33023

Mailing Address

6600 PEMBROKE ROAD
PEMBROKE PINES, FL 33023

3. Date Incorporated or Qualified

4/1/87

3a. Date of Last Report

2. Principal Place of Business

21 6600 PEMBROKE ROAD

2a. Mailing Address

26 6600 PEMBROKE ROAD

4. FEI Number

59-2747011

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

PEMBROKE PINES, FL

28 City & State

PEMBROKE PINES, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33023

Country

FLORIDA

29 Zip

33023

Country

FLORIDA

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGER PORTARO
6600 PEMBROKE ROAD
PEMBROKE PINES, FL 33023

10. Name and Address of New Registered Agent

81 Name

ROGER PORTARO

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

6600 PEMBROKE ROAD

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33023

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 of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

☐ DELETE

1.2 NAME

ROGER PORTARO
6600 PEMBROKE ROAD
PEMBROKE PINES, FL 33023

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***165.00

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. I, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

954 989 8702

Daytime Phone #

CR2E034 (9/96)