FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43729** **(9)**

1. Corporation Name
BROOKSHIRE PLAZA CORP.

Principal Place of Business
777 S. FLAGLER DR.
STE 201
W PALM BCH FL 33401
US

Mailing Address
301 CLEMATIS ST
STE 201
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2743888 — 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 report is not liable to attestation under § 100.020 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GSCHWEND, RALF
301 CLEMATIS ST
STE 201
W PALM BCH FL 33401

10. Name and Address of New Registered Agent
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: G Schwend, President — 4/26/95
(Signature of Registered Agent if Registered Agent is a Corporation) (Signature of Registered Agent if Registered Agent is an Individual) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1.
TITLE: PST NAME: GSCHWEND, RALPH STREET ADDRESS: 301 CLEMATIS ST, STE 201 CITY, ST, ZIP: WEST PALM BCH FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
TITLE: V NAME: KOEPPEL, JOEL P. STREET ADDRESS: 222 LAKE VIEW AVE. SUITE 260 CITY, ST, ZIP: PALM BCH. FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be made with the intent to affect the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: G Schwend, President — 4/26/95 — 407 655 2745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0242114 CF