

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K42465

(0)

1. Corporation Name

BROOKMAN-FELS CONSTRUCTION CORP.

Principal Place of Business

7900 SW 57 AVE
3 FLOOR
SO MIAMI FL 33143
US

Mailing Address

7900 SW 57 AVE
3 FLOOR
SO MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0099690

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

2. Principal Place of Business

21 5901 S.W. 111 STREET

2a. Mailing Address

26 5901 S.W. 111 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33156

Country

Zip

29 33156

Country

30

9. Name and Address of Current Registered Agent

ROSS ADICKMAN
7900 SW 57 AVE
3RD FLOOR
SO MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

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

5901 S.W. 111 STREET

83

84 City

MIAMI

FL

85 Zip Code

33156

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)

(Initial) Registered Agent (signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FELS, JONATHAN E.
STREET ADDRESS 7900 SW 57 AVE, 3 FLOOR
CITY ST ZIP SO MIAMI FL

TITLE VST
NAME ADICKMAN, ROSS
STREET ADDRESS 7900 SW 57 AVE, 3 FLOOR
CITY ST ZIP SO MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

5901 S.W. 111 STREET
MIAMI FL 33156

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

5901 S.W. 111 STREET
MIAMI FL 33156

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do 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)(k), 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 owner 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 its attachment with an address.

SIGNATURE:

Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Typed Name)