PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90010 036 ***150.00

DOCUMENT # K87503

1. Corporation Name

BROOK	RESOURCES COMPANY		,								
Principal Place	e of Business	Ma	ailing Address	,			1	f 10019til om 10111 1009t Ottli ombit ili misti o	 	i mimit mikti raar	
401 11TH STREET 401 11TH STREET											
STE. 506 STE. 506								DO NOT WOITE IN THIS	00405		
HUNTINGTON WV 25701 HUNTINGTON WV 25701								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								05/11/1989	·		
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number		Applied For	
21	26 Suite And M etc						<u> </u>	<u>65-0142151</u>		lot Applicable Additional	
Suite, Apt.					•			Certificate of Status Desired		Required	
22	City & State City & State							Floring Compaign Financing		May Be	
		28	·	~ .		•	6.	Election Campaign Financing Trust Fund Contribution		to Fees	
23 Zip	Country	20]	Zip	Coun	try		R	This corporation owes the current year Int	angible		
24	25	29	•	30			"	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre		tered Agent	1331	_		10.	Name and Address of New Registered	Agent		
					81	Name					
ATKINS, RANDALL W.					82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
-	BRADLEY PL #204-A			ľ	-	011001710010					
	E 1510			[83						
PALI	M BEACH FL 33480			. <u>}</u>	84	City			85 Zij	Code	
								FL	.		
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 as	ent and title	if applicable. (NOTI	E: Registered A	geni	it signature required	when r	reinstating) DATE			
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P		☐ DELETE	1.1 ΠΠ	E		-		Change	e ☐ Addition	
NAME	ATKINS, RANDALL W.			1.2 NAN	Æ						
STREET ADDRESS					1.3 STREET ADDRESS						
CITY-ST-ZIP	HUNTINGTON WV 25701			1.4 C/T	Y-51	T-ZIP				1.00	
TITLE	D		☐ DELETE	2.1 TITL	E				Chang	e	
NAME	ATKINS, BARBARA			2.2 NAM	Æ						
STREET ADDRESS					2.3 STREET ADDRESS					{	
CITY-ST-ZIP	HUNTINGTON CH WV 25701			2. 4 CIT	_	T-ZIP	_			Addition	
TITLE			☐ DELETE	3.1 TITL					Change	Addition	
NAME				3.2 NAM				g. 1 + ++			
STREET ADDRESS						ADDRESS					
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TITLE	}		C) DECE IE								
NAME				4. 2 NA		. +0000000					
STREET ADDRESS	·	**				TADORESS					
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TITLE			C OCCUT	5.2 NA							
NAME expect appoises						TADDRESS				ļ	
STREET ADDRESS				5.4 CIT						į	
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITE	_				Chang	Addition	
NAME				6.2 NA	ИΕ)		•			
STREET ADDRESS				6.3 STF	REET	T ADDRESS					

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 suppliemental 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 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP