2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

OL NOV 17 PM 2:36 DOCUMENT # L07669 1. Entity Name WILLIAM BROOKE INCORPORATED SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5455 N. FEDERAL HWY 5455 N. FEDERAL HWY STE A STE A BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11122004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0188141 Not Applicable Zip , Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHMEARER WILLIAM E. IV Street Address (P.O. Box Number is Not Acceptable) 5455 N FEDERAL HIGHWAY SUITE A)00042829083 17/04--01030--016 **70 BOCA RATON, FL 33487 **70.00 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of retristered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P50 PSTD TITLE Change TITLE ☐ Delete ☐ Addition JUHNEAREL SCHMEARER, WILLIAM NAME NAME 5455 N. FED. HWY STE A BOLD RATIN, FL 33487 5455 N. FED. HWY STE A STREET ADDRESS STREET ADDRESS 33487 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP СМ TH Addition **☑** Delete TITLE TITLE ☐ Change WILSON THOMAS STE A SCHMEARER, WILLIAM NAME NAME 5455 N. FED. HWY STE A STREET ADDRESS STREET ADDRESS FL 33487 BOLD RATIN CITY-ST-7IP BOCA RATON, FL CITY-ST-7IP Change Delete Addition TITLE TITLE COOL JETE HULY STE. A NAME COOK, JERE NAME STREET ADDRESS 5455 N. FED. HWY STE A STREET ADDRESS 33487 BOLD RATEN, FL CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

12. I hereby certify that the information supplied with his 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an articless, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

<u>-</u>450---1

04-(-56)997-747

□ Change

Addition