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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # 1. Corporation Name L32043

(6)

CHOCK SINCE INVESTMENTS INC	BROOK	STREET	INVESTMENTS.	INC
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Principal Plac 8105 ESCO NAVARRE I	ne of Business DLA ST. FL 32566	Mailing Address 8105 ESCOLA ST. NAVARRE FL 3256	6					
2. Principal P	lace of Business	20 14:15	-		3. Date Incorporated or Qu. 11/22/1989	alified		of Last Report /23/1995
21		2a. Mailing Address			4. FEI Number	L		Applied Fo
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2981005			Not Applic
City & State	ρ	27			<ol><li>Certificate of Status Desi</li></ol>	red		\$8.75 Additiona
23	•	City & State			6. Election Campaign Finan	cina		Fee Required
Zip	Country	Zip	Countr		Trust Fund Contribution			\$5.00 May Be Added to Fees
24	25	29	30	у	This corporation has liabi     Florida Statutes	ity for inta	angible tax u	inder s 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of	Yes [	□ No	
DEI SAN	NTO, STEVEN D.		81	Na	ne	TOW MAY	listaten Võ	ent
8105 FS	SCOLA STREET		82	Str	et Address (P.O. Box Number is Not Ad	Pentable)		
NAVARE	RE FL 32566		83	1		-optaoloj		
			63					
73-175	- · ·		84					85 Zip Code
Or registers	o the provisions of Sections 607,050 agent, or both, in the State of Fig.	02 and 607.1508, Florida Statu	ites, the above	name	corporation submits this statement for the board of directors. I hereby accept the		FL.	
IZ. DLF IAME THEET ADDRESS	P Delsanto, steven D.	The definition of the control of the	OTL: Registered Agen  13. 1 1 TITLE  1.2 NAME	nt signat	re rejulted when reinslating)  ADDITIONS/CHANGES TO	OFFICE		RECTORS IN 12 hange
FIY-SI ZP	8105 ESCOLA STREET NAVARRE FL 32566		1.3 STREET		8			
ILF		DELETE	2 1 TITLE	1-212				
RME REET ADDRESS			2 2 NAME					hange 🔲 Addition
1Y-S1-21P			23 STREET	ADDRES				
		DELETE	24 CITY-ST	- <b>Z</b> IP				
M€			3 1 TITLE 3 2 NAME			·	Ch	nange Addition
HIET ADDRESS			33. STREET	ΑΔιποτο				
Y-SI-ZIP LE			3 4 City-St					
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EET ADORESS			4.2 NAME		1			ange
Y_S1-ZIP	_		4.3 STREET A					
f		DELETE	5 1 TITLE	ZIP				
1f			5.2 NAME				Cha	ange 🔲 Addition
ELLADDRESS (-SI-ZIP			5 3 STREET AC	OORESS				
		- Dr. rve	5 4 CITY - ST -	ZIP				
të.		☐ DELETE	6 1 TITLE				Chai	nge
ET ADDRESS			6.2 NAME	Done :				
-SI-ZIF			6.3 STREET AD					
certify that the	eruly that the information supplied was information indicated on this appure	ith this filing is voluntarily furnis	shed and does r	not qu	alify for the exemption stated in Section 1 curate and that my signature shall have	10.07/07	a <del>a com</del>	
etaboura in Did	ock 12 or Block 13 if changed, or or STITUEAL	an apport or supplemental annu- ation or the receiver or trustee an attachment with an addre	al report is true a empowered to a ss.	and a execu	airly for the exemption stated in Section 1 courate and that my signature shall have to e this report as required by Chapter 607	he same Florida S	k), Florida St legal effect : Statutes; and	atutes. I further as if made under I that my name
GNATU		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		17 Jun 96	19	304) 93	39-5374