FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6) BROOK STREET INVESTMENTS, INC. Principal Place of Business Mailing Address 8105 ESCOLA ST. 8105 ESCOLA ST. NAVARRE FL 32566 NAVARRE FL 32566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2981005 Paso Le Not Applicable \$8.75 Additional 5. Certificate of Status Desired lavarre, Florida Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 32566 32566 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country Country 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DELSANTO, STEVEN D. 81 8105 ESQOLA STREET 82 NAVARRE FL 32566 83 84 City avarre 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 corporation of, section 607,0505, Florida Statutes. STEVEN DIVERS od or printed name of registered agent and title if applicable Registered Agent signature required CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE DELSANTO, STEVEN D. NAME 12 NAME 8105 ESCOLA STREET STREET ADDRESS 1.3 STREET ADDRESS **NAVARRE FL 32566** CITY-ST-ZIP A CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME -07/23/98--01086--0**19**

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I ame 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 on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

201.1. 90 (80) 939-5574

***150.00