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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BROOKMAN-FELS ORGANIZATION, INC.

ttachment with an address.

FILED

Apr 30 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 5901 S.W. 111 STREET 5901 S.W. 111 STREET MIAM! FL 33156 MIAM! FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0169605 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired HARBOR ISLANDS DR 27 940 HARBOR ISLANDS DA Fee Required 6. Election Campaign Financing \$5.00 May Be OLLYWOOD FL Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADICKMAN, ROSS 5901 S.W. 111 STREET **MIAMI FL 33156** 83 YWOOT 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 nature of registered agent and offer applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE FELS, JON NAME 1.2 NAME 940 HARBOR ISLANDS DR. HOLLYWOOD FL 33019 5901 S.W. 111 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 TITLE ADICKMAN, ROSS NAME 2 2 NAME 940 HARBOR ISLANDS DR 5901 S.W. 111 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP I hereby certify that the informal indicated on this annual reports officer or director of the corporal th this bling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

Block 12 or Block 13 if chang

1/2/98

fall armus' report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an corver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in