FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92667** **(9)**

1. Corporation Name
BROOKMAN FELS HOME & DESIGN, INC.

Principal Place of Business	Mailing Address
7900 SW 57 AVENUE THIRD FLOOR SOUTH MIAMI FL 33143	7900 SW 57 AVENUE THIRD FLOOR SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 5901 S.W. 111 STREET
2a. Mailing Address — 26: 5901 S.W. 111 ST.

4. FEI Number: 65-0245824 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23: MIAMI FL
City & State — 28: MIAMI FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 33156 — Country — 25:
Zip — 29: 33156 — Country — 30:

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADICKMAS, ROSS F.
7900 SW 57 AVENUE
THIRD FLOOR
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5901 S.W. 111 STREET
83:
84 City: MIAMI FL — 85 Zip Code: 33156

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 required for changed/reinstated registered agent and/or registered office advertisement) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FELS, JON	12 NAME	
STREET ADDRESS	7900 SW 57 AVENUE, THIRD FLOOR	13 STREET ADDRESS	5901 S.W. 111 STREET
CITY ST ZIP	SOUTH MIAMI FL 33143	14 CITY ST ZIP	MIAMI FL 33156
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	ADICKMAN, ROSS	22 NAME	
STREET ADDRESS	7900 SW 57 AVENUE, THIRD FLOOR	23 STREET ADDRESS	5901 S.W. 111 STREET
CITY ST ZIP	SOUTH MIAMI FL 33143	24 CITY ST ZIP	MIAMI FL 33156
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 added to the report with an address.

SIGNATURE: [signature] 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 6165-9005 Daytime Phone #

0154525 CP