## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92667

(9)

## FILED Apr 30 1998 8:00am Secretary of State

| BROO                                | KMAN FELS HOME & DESIGI   | N, INC.  |                            |                              |  | 11811 81811 81811 <b>8</b>                                       |                     |                    |  |
|-------------------------------------|---|--|----------------------------|------------------------------|--|--|---------------------|--------------------|--|
|                                     |   |  |                            |                              |  | I BIN BIGH BIGH B  |                     |                    |  |
| -                                   | ce of Business  | Mailing Address  |                            |                              |  |  |                     |                    |  |
| BROOKMAN<br>9900 8 OCE              | Prelis<br>Ean Dr Suite G9   | 3800 S OCEAN DR<br>G-9   |                            |                              | į  |  |                     |                    |  |
| HOLLYWOOD FL 33019                  |   | HOLLYWOOD FL 33019   |                            |                              | DO NOT WRITE IN  | DO NOT WRITE IN THIS SPACE                                       |                     |                    |  |
| US                                  |   | U\$  |                            |                              | 3. Date Incorporated or Qualified  |  |                     |                    |  |
|                                     |   |  |                            |                              | 08/13/1990   |  |                     | ,                  |  |
| ·                                   | Place of Business   | 2a. Mailing Address  |                            |                              | 4. FEI Number  |  |                     | lied For           |  |
| 21                                  | # 22  | 26   |                            |                              | 65-0245824   |  |                     | Applicable         |  |
| Suite, Apt.                         |   |  |                            |                              | 5. Certificate of Status Desired   | <b>-</b>   | . <b>75</b> Ac      |                    |  |
| City & Stat                         | te  | City & State   |                            |                              | 6. Election Campaign Financing   |  | 5.00 N              |                    |  |
| 23                                  |   | 28   |                            |                              | ' ' '  |  | dded to             |                    |  |
| Zip                                 | Country Zip   |  | Country                    |                              |  | 8. This corporation owes or has paid the current year Intangible |                     |                    |  |
| 24                                  | 25  | 29   | 30                         |                              | Personal Property Tax due June 30  |  |                     |                    |  |
|                                     | Name and Address of Current   | Registered Agent   |                            |                              | 10. Name and Address of New Regis  | stered Agent   |                     |                    |  |
|                                     | DICKMAS, ROSS F.  |  | [                          | 81 Name                      |  |  |                     |                    |  |
|                                     | 901 S.W. 111 STREET   |  | ŀ                          | 82 Street                    | Address (P.O. Box Number is Not Acceptable)  | )  | -                   |                    |  |
|                                     | HIRD FLOOR  |  | Ļ                          |                              | · · · · · · · · · · · · · · · · · · ·  | <del> </del>   |                     |                    |  |
| M                                   | IAMI FL 33158   |  | ļ                          | 63                           |  |  |                     |                    |  |
|                                     |   |  | }                          | 84 City                      |  | 85   | Zip Co              | ode                |  |
| 44.5                                |   | - 1005 (F00 F1 ) 1 B   |                            |                              |  | FL  °°   |                     |                    |  |
| office or<br>agent. I a             | registered agent, or both, in the State of am familiar with, and accept the obligation  | Florida. Such change was<br>ons of, Section 607.0505, F                              | authorized<br>lorida Statu | by the corutes.              | corporation submits this statement for the pur<br>poration's board of directors. I hereby accept t | he appointme   | entas re            | egistered          |  |
| SIGNATURE                           | Signature, typed or printed name of registered agent  | and fills if anylogists (NO  | If Banistated              | Acont signature              | required when reinstaling)   | DATE   |                     |                    |  |
| 12.                                 | OFFICERS AND  |  | 13.                        | Agent agnature               | ADDITIONS/CHANGES TO OFFICE  |  | CTORS               | IN 12              |  |
| TITLE                               | ( PD  | ☐ DELETE   | 1,110                      | LE                           |  | ☐ Ch   |                     | Addition           |  |
| NAME                                | FELS, JON   |  | 1.2 NA                     | ME                           |  |  |                     |                    |  |
| STREET ADDRESS                      | <b>59</b> 01 S.W. 111 STREET  |  | 1.3 STF                    | REET ADDRESS                 |  |  |                     |                    |  |
| CITY-ST-ZIP                         | MIAMI FL  |  | 1.4 CIT                    | Y-ST-ZIP                     |  |  |                     |                    |  |
| TITLE                               | VD  | ☐ DELETE   | 2.1 TIT                    | LE                           |  | ☐ Ch   | ange                | Addition           |  |
| NAME                                | ADICKMAN, ROSS  |  | 2.2 NA                     | ME                           |  |  |                     |                    |  |
| STREET ADDRESS                      | <b>59</b> 01 S.W. 111 STREET  |  | 2.3 STF                    | REET ADDRESS                 |  |  |                     |                    |  |
| CITY-ST-ZIP                         | MIAMI F   |  |                            | TY-ST-ZIP                    |  |  |                     |                    |  |
| TITLE                               |   | DELETE   | 3.1 TIT                    |                              |  | LJ Ch  | ange                | Addition           |  |
| NAME                                |   |  | 3.2 NA                     |                              |  |  |                     |                    |  |
| STREET ADDRESS                      |   |  |                            | REET ADDRESS                 |  |  |                     |                    |  |
| CITY-ST-ZIP<br>TITLE                |   | DELETE   | 3.4. CI                    | IY-SI-ZIP                    |  | ☐ Ch   | anne                | Addition           |  |
| NAME                                |   |  | 4. 2 NA                    |                              |  | LJ (/II  | m.Ac                | الانانانان بـــ    |  |
| STREET ADDRESS                      |   |  |                            | REET ADDRESS                 |  |  |                     |                    |  |
|                                     |   |  |                            | Y-ST-ZIP                     |  |  |                     |                    |  |
| CITY-ST-ZIP<br>TITLE                |   | DELETE   | 5.1 TIT                    |                              |  | ☐ Ch   | ange                | Addition           |  |
| NAME                                |   | <u> </u>   | 5.2 NAI                    |                              |  | _ •  | •                   |                    |  |
| STREET ADDRESS                      |   |  |                            | REET ADDRESS                 |  |  |                     |                    |  |
| CITY-ST-ZIP                         |   |  |                            | Y-S1-ZIP                     |  |  |                     |                    |  |
| TITLE                               |   | DELETE   | 6.1 TIT                    |                              |  | ☐ Ch   | ange                | Addition           |  |
| NAME                                |   | -  | 6.2 NA                     |                              |  | •  | -                   | -                  |  |
| STREET ADDRESS                      | }   | Λ  | 1                          | REFT ADDRESS                 |  |  |                     |                    |  |
| City-ST-ZIP                         |   | //   |                            | Y-ST-ZIP                     |  |  |                     |                    |  |
| 14. I hereby                        | certify that the information sypplied with  | this fling does not qualify  | or the exe                 | mption state                 | ed in Section 119.07(3)(i), Florida Statutes. I fur  | ther certify th  | at the ir           | formation          |  |
| indicated<br>officer or<br>Block 12 | d on this annual report or supplemental a<br>director of the corporation or the regeiv<br>or Block 13 if changed, by an an attach | injural report is true and ac<br>or or trustee empowered to<br>ment with an address. | curate and<br>execute th   | inai my sig<br>nis report as | riature shall have the same legal effect as if m<br>required by Chapter 607, Florida Statutes, an  | ade under oa<br>d that my nan                                    | in; that<br>ie appe | i am an<br>ears in |  |

CICNATURE.

4/8/9