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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93053

1. Corporation Name
HOLBROOKE & ASSOCIATES CONSULTANTS, INC.

Principal Place of Business
8220 STATE RD 84
SUITE 300
33324 FL ~~33180~~
US

Mailing Address
3400 E. POINT DR.
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1990

4. FEI Number: 65-0207762 — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ — $8.75 Additional Fee Required

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

7. This corporation owes the current year Intangible Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 33324. Country: 30

9. Name and Address of Current Registered Agent
HOLBROOKE, A. F.
3400 E. POINT DR.
COOPER CITY FL 33026

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	HOLBROOKE, ANTHONY F.	1.2 NAME	
STREET ADDRESS	3400 E. POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026.	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi
NAME		2.2 NAME	$ 150.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Additi
NAME		3.2 NAME	$ 8.75
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	$ 158.75
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additi
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	02-27-99 90073 030	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Additi
NAME	$158.75	5.2 NAME	PAID
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JAN 24 1999
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additi
NAME		6.2 NAME	Per 1300.
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 2-16-99

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 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 on an attachment with an address, with an other like empowered.

SIGNATURE: _____ 1/25/99. (954) 723-006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #