NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 11, 2000 8:00 am Secretary of State

05-11-2000 90076 033 ***150.00

212-753-3123

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMEN

BROOKHILL MANAGEMENT CORPORATION

The sections of year.

SIGNATURE AND TYPED

12 or Block 13 if changed, or or

.!URE:

LINDSAY	ORIVE NJ 07751	17 LINDSAY DRIVE					
		. М	ORGANVILLE NJ 0775	i 1		·	
	•	•				DO NOT WRITE IN T	HIS SPACE
micipal Place of Business 2a Mailing Address						3. Date Incorporated or Qualified 03/05/1986	
писіраі	Place of Business	2a.	Mailing Address		 -	4. FEI Number	
ita An	pt. #, etc.	26	···			13-3001531	Applied For
, Ap	n. #, etc.	;	Suite, Apt. #, etc.				Not Applicable
''''' & St	ate	27				5. Certificate of Status Desired	\$8.75 Additional
		. —	City & State	-		6. Election Campaign Financing	
	Country	28	Zip	1 -		Trust Fund Contribution	\$5.00 May Be Added to Fees
	25	29	. · ·	Cour	ntry	8. This corporation owes the current year	7,0000 10 1 665
	9. Name and Addre	ss of Current Regist	ered Agent	[30]	- -	Intangible Personal Property	Yes No
co					81 Name	10. Name and Address of New Registers	d Agent
100	PRPORATION SERVICE	COMPANY	•	· L			
IZL TAI	O1 HAYS STREET	· •_		[]	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
IA	LLAHASSEE FL 32301	2525		<u> </u>	831		
*	a.			· [
	<u></u>	41. 31	المستول المال المساوات		84 City		85 Zip Code
-urauari	i to the provisions of section	ons 607.0502 and 607.	1508, Florida Statute	s' the abov	√e-named cor	F	
	am familiar with, and acce	in the State of Florida pt the obligations of	. Such change was a	uthorized i	by the corpor	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered :
		1	1 - 2 - 2 - 2 - 2 - 3	mua Statut	es.	and a second sec	omunent as registered
<u> </u>	Signature, typed or printed name of	f registered agent and title if ap	plicable (NC			ECIDIFEC when reinstatus	
- : : ī	PSTD	FICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS A	10.00
	BRUDER, RONALD	i	OELETE .	1.1 TITLE		A OFFICERS A	
	501 MADISON AVEN	5. : 	4.3	1.2 NAME		· · · · · · · · · · · · · · · · · · ·	Change Addition
	NEW YORK NY 1002	IUE -		1.3 STREE	ETADDRESS	*	
-	TIEN TORK INT 1002	2;		1,4 CITY-9	ST-ZIP	i i] 5
1			L DELETE	2.1 TITLE			(
		1		2.2 NAME	.		Change Addition
		i	•	2.3 STREE	TADORESS		
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	, 	250	DELETE	3.1 TITLE		The second secon	Change Addition
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	7330		DELETE	4.1 TITLE	1		Change Addition
-22				4.2 NAME		•	
				4.3 STREET			
			DELETE	4.4 CITY-ST			
ĺ	والمراجعة والمواجعين						Change Addition
-32	HALLEY A "M.	w i		5.2 NAME			Change Addition
	1 27 0-3	AKTESVIE I	- C-55	5.3 STREET		SECTION 1.1	
.	Trainer, Upper or ratined	15	DELETE	5.4 CITY-ST- 6.1 TITLE			3 * *** ***
. }. 5			· . i	6.2 NAME		खात्रवात १०१२ च १ त्यात ११ १ वस्तर हो । व	Change Addition
!	The second that seed according	sit ya sujihansar R		The state of	P. 7. 1	4 seod	

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 6.4 CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

brad Kushaer

CONTROLLER