

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12662 (3)**
1. Corporation Name
BROOKS BROTHERS, INC.



Principal Place of Business: **346 MADISON AVENUE NEW YORK NY 10017**
Mailing Address: **346 MADISON AVENUE NEW YORK NY 10017**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** County **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** County **30**

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **51-0297084** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	STONE, LEWIS BART	
STREET ADDRESS	200 PARK AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TURCO, EDWARD P	
STREET ADDRESS	346 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	PLATT, ROGER S	
STREET ADDRESS	346 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLANAGAN, MICHAEL	
STREET ADDRESS	346 MADISON AVE.	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	JOSEPH R GROMEK	
13. STREET ADDRESS	346 MADISON AVENUE	
14. CITY-STATE-ZIP	NEW YORK, NY 10017	
15. TITLE	SRV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	MARVIN COOPER	
23. STREET ADDRESS	346 MADISON AVENUE	
24. CITY-STATE-ZIP	NEW YORK, NY 10017	
31. TITLE	SRV/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	MARTYN OSBORNE	
33. STREET ADDRESS	346 MADISON AVENUE	
34. CITY-STATE-ZIP	NEW YORK, NY 10017	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-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)(k), 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.

SIGNATURE: **MICHAEL FLANAGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 212 885 6892
DATE AND PHONE NUMBER

CR2E034 (12/95)