FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

5/1/96 P 95879 C

DOCUMENT # P93000003045 (0)

1. Corporation Name

ROGER H. BROOKS, A.P., P.A.

Principal Place of Business	Mailing Address
1 WEST CAMINO REAL SUITE 113 BOCA RATON FL 33432	1 WEST CAMINO REAL SUITE 113 BOCA RATON FL 33432

3. Date Incorporated or Qualified: **01/11/1993**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 2499 W. GLADES Rd #	26 2499 W. GLADES Rd
22 Suite, Apt. #, etc: #303	27 Suite, Apt. #, etc: #303
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL
24 Zip: 33431 25 Country:	29 Zip: 33431 30 Country:

4. FEI Number: **65-0381393** ☐ 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	10. Name and Address of New Registered Agent
BROOKS, ROGER H 1 W CAMINO REAL SUITE 113 BOCA RATON FL 33432	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 2499 W. Glades Rd #303 83 84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Section 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] DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
1 TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
1 NAME	BROOKS, ROGER H		1.2 NAME		
1 STREET ADDRESS	6030 S. VERDE TRAIL, STE. 203		1.3 STREET ADDRESS	19311 SAGAL LAKE DR	
1 CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON FL 33434	
2 TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	BROOKS, CHARLES E		2.2 NAME		
2 STREET ADDRESS	801 CASTLEWOOD TERRACE		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
3 NAME			3.2 NAME		
3 STREET ADDRESS			3.3 STREET ADDRESS		
3 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME			4.2 NAME		
4 STREET ADDRESS			4.3 STREET ADDRESS		
4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME			5.2 NAME		
5 STREET ADDRESS			5.3 STREET ADDRESS		
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME			6.2 NAME		
6 STREET ADDRESS			6.3 STREET ADDRESS		
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: [signature] 4/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date