

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90020 019 ***150.00

DOCUMENT # P93000003045

1. Corporation Name

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

Principal Place of Business

5458 TOWN CENTER
SUITE #3
BOCA RATON FL 33486
US

Mailing Address

5458 TOWN CENTER
SUITE #3
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1993

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2499 W. GLADES

Suite, Apt. #, etc.

22 SUITE 303

City & State

23 Boca Raton FL

Zip

24 33431

Country

25

2a. Mailing Address

26 ROGER H. BROOKS

27 22606 MERIDIANA DR.

28 BOCA RATON, FL 33433

City & State

29

Zip

30

Country

31

9. Name and Address of Current Registered Agent

BROOKS, ROGER H.
5458 TOWN CENTER ROAD #3
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

ROGER H. BROOKS

82 Street Address (P.O. Box Number is Not Acceptable)

22606 MERIDIANA DR.

83

BOCA RATON, FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BROOKS, ROGER H
STREET ADDRESS 5458 TOWN CENTER RD., #3
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME BROOKS, CHARLES E
STREET ADDRESS 801 CASTLEWOOD TERRACE
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ROGER H. BROOKS
1.3 STREET ADDRESS 22606 MERIDIANA DR.
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0362326