

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000015605 (7)**

1. Corporation Name

**BROOKWOOD INTERNATIONAL HOLDINGS CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>ATTN: EDDIE WEBB POST OFFICE BOX 8406 LONGBOAT KEY FL 34228 US</b>	Mailing Address <b>C/O KERKERING, BARBERIO &amp; COMPANY, P.A. 1658 RINGLING BOULEVARD SARASOTA FL 34236 US</b>
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3. Date Incorporated or Qualified <b>03/02/1993</b>	3a. Date of Last Report <b>08/15/1994</b>
4. FEI Number <b>APPLIED FOR 65-0509880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**JACOBSON, RICHARD A  
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81 Name **EDWIN W.F. WEBB**  
82 Street Address (P.O. Box Number is Not Acceptable) **765 HIDEAWAY DRIVE**  
83 **LONGBOAT KEY**  
84 City **Sarasota, FL** 85 Zip Code **34228**

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 signatures required when resubmitting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MOLYNEUX-WEBB, EDWIN</b>
STREET ADDRESS	<b>SUITE 201, NEPTUNE HOUSE</b>
CITY - ST - ZIP	<b>MARINA BAY, GIBRALTAR</b>
TITLE	<b>D</b>
NAME	<b>MOLYNEUX-WEBB, PAULINA</b>
STREET ADDRESS	<b>SUITE 201, NEPTUNE HOUSE</b>
CITY - ST - ZIP	<b>MARINA BAY, GIBRALTAR</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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, 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 an attachment with amendments.

SIGNATURE: *Edwin W.F. Webb* **Ann: 95** **387-7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_