

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**DOCUMENT # P93000072803**

1. Corporation Name  
**BROOKMAN & SONS, INC.**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

99 JUL 28 AM 9:03

Principal Place of Business  
1238 N.W. 16TH STREET  
CORAL SPRINGS FL 33071

Mailing Address  
8238 N.W. 16TH STREET  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0449760	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BROOKMAN, LEO 8238 N.W. 16TH STREET CORAL SPRINGS FL 33071</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reappointing)

DATE

2. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKMAN, SUSAN			1.2 NAME			
STREET ADDRESS	8238 N.W. 16TH STREET			1.3 STREET ADDRESS			
CITY-STATE-ZIP	CORAL SPRINGS FL 33071			1.4 CITY-STATE-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKMAN, LEO			2.2 NAME			
STREET ADDRESS	8238 N.W. 16TH STREET			2.3 STREET ADDRESS			
CITY-STATE-ZIP	CORAL SPRINGS FL 33071			2.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKMAN, SUSIE			3.2 NAME			
STREET ADDRESS	8238 N.W. 16TH STREET			3.3 STREET ADDRESS			
CITY-STATE-ZIP	CORAL SPRINGS FL 33071			3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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.

SIGNATURE:

*Leo Brookman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99 (954) 384-6727  
Date Telephone #

CR2E034 (5/99)

# **BROOKMAN & SONS INC.**

**7/26/99**

**Mr. Sean Toner  
Florida Dept. of State  
Division of Corporations**

**Dear Mr. Toner:**

**On June 28 we received our second notice to file for our corporation. I immediately called your office to say that I had never received the first notice, and was told to mail a check for \$150 and a letter stating that I had not received the first notice and that would be acceptable. I was told to mail it to a different address than the one that came with the notice.**

**I mailed the \$150 check the same day. This weekend I received the enclosed letter. I called your office this morning and was told to do what I am doing now.....write to your attention at the Po box 6327.**

**Hopefully this will resolve the matter. We should not be penalized for Uncle Sam's inability to deliver the first time. Your help appreciated.**

**Sincerely**

  
**Leo Brookman**

**8238 N.W.16 Street  
Coral Springs Fl. 33071  
Tel: 1 800 236-6140 Fax: (954) 753-3106**