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FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000030377 (3)

1. Corporation Name

BROOKMAN AND FELS AT THE SANCTUARY, INC.

Principal Place of Business

5901 S.W. 111 STREET
MIAMI FL 33156
US

Mailing Address

3800 S OCEAN DR
G-9
HOLLYWOOD FL 33019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

65-049342Z 65-0493424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

940 HARBOR ISLANDS DR

City & State

HOLLYWOOD FL

Zip

33019

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

940 HARBOR ISLANDS DR

City & State

HOLLYWOOD FL

Zip

33019

Country

30

9. Name and Address of Current Registered Agent

LEVY, MICHAEL
910 N.W. 179TH AVE.
PEMBROKE PINES FL 33029

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

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 PD ☐ DELETE

NAME FELS, JONATHAN E
STREET ADDRESS 5901 S.W. 111 STREET
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME LEVY, MICHAEL
STREET ADDRESS 910 N.W. 179TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☐ DELETE

NAME OFFENBERG, BERNARD
STREET ADDRESS 3800 S. OCEAN DR G-9
CITY-ST-ZIP HOLLYWOOD FL

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
1.3 STREET ADDRESS 940 HARBOR ISLANDS DR
1.4 CITY-ST-ZIP HOLLYWOOD FL 33019

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 940 HARBOR ISLANDS DR
2.4 CITY-ST-ZIP HOLLYWOOD FL 33019

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 940 HARBOR ISLANDS DR
3.4 CITY-ST-ZIP HOLLYWOOD FL 33019

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 a address.

SIGNATURE

BERNARD OFFENBERG V.P. 4/1/98

CR2E034 (10/97)