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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086388 (3)

1. Corporation Name

BROOKER CREEK CAROLINA COMPANY



Principal Place of Business

Mailing Address

ATLANTIC STATION
~~1010 WEST PORT MACON ROAD~~
ATLANTIC BEACH NC 28512
US

P. O. BOX 2930
ATLANTIC BEACH NC 28512-2930
US

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

19 ATLANTIC STATION

27

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWEN, GEORGE E.
SUITE 202
888 EXECUTIVE CENTER DRIVE WEST
ST. PETE FL 33702

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SHAPIRO, THOMAS A
STREET ADDRESS 1916 CHAMPION DRIVE
CITY-ST-ZIP MOREHEAD CITY NC

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MAROSTICA-SHAPIRO, PAMELA L
STREET ADDRESS ~~3012 ARBOR OAKS DRIVE~~
CITY-ST-ZIP ~~TARPON SPRINGS FL 34689~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1916 CHAMPION DRIVE
2.4 CITY-ST-ZIP MOREHEAD CITY, NC 28557

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

THOMAS A. SHAPIRO

THOMAS A. SHAPIRO President 1/25/96 919 726 9588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)