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

DOCUMENT # P95000059710

1. Corporation Name

HOLBROOK MANAGEMENT GROUP, INC.

Principal Place	e of Business	Mailing	Address				
2480 E MICHIG	AN ST	2480 E	MICHIGAN ST			•	
ORLANDO FL 32806		ORLANDO FL 32806				DO NOT WINTE IN THE OPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
						07/31/1995	
2. Principal P	lace of Business	2a. Mai	ling Address	•		4. FEI Number Applied For	
21		26	******			59-3383047 Not Applicat	
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	e	City	& State			6. Election Campaign Financing \$5.00 May Be	
23		28	<u> </u>			Trust Fund Contribution Added to Fees	
Zip 24	Country 25		Zip Cour 29 - 30			8. This corporation owes the current year Intangible Personal Property Tax.	
,	9. Name and Address of Curre	nt Registered	d Agent			10. Name and Address of New Registered Agent	
	1,, 41,			81	Name	•	
HOLBROOK, JESSE S 2480 E MICHIGAN ST			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32806			83			
				84	City	■ 85 Zip Code	
	5 s. S.				,	rporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Si ations of, Sec	uch change was autr tion 607.0505, Florid	orized by a Statutes	tne corporat	tion's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ag	ent and title if applic ND DIRECTO	· · · · · · · · · · · · · · · · · · ·	13.	nt signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	ND DIRECTO	DELETE	1.1 TITLE		Change ☐ Addi	
NAME	HOLBROOK, JESSE S		<u></u>	1.2 NAME			
STREET ADDRESS	2480 E MICHIGAN ST				TADDRESS		
	ORLANDO FL 32806			1.4 CITY-S		•	
CITY-ST-ZIP TITLE	VSD	•	DELETE	2.1 TITLE	1 2	Change Addi	
NAME	HOLBROOK, CHARLYNN B			2.2 NAME			
STREET ADDRESS	A400 F MICHICANI CT			2.3 STREET	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806			2. 4 CITY-S			
TITLE 4	7 TID WIND 1 E 02000		☐ DELETE	3.1 TITLE		☐ Change ☐ Addi	
NAME	1,54 25 (5)	•		3.2 NAME			
STREET ADDRESS				3.3 STREE	TADORESS	and the second s	
CITY-ST-ZIP	• • •			3.4. CFTY-S	T-ZIP		
TITLE			☐ DELETE	4.1 TITLE		; ☐ Change ☐ Addi	
NAME .				4. 2 NAME			
STREET ADDRESS				4.3 STREE	TADDRESS		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addi	
NAME				5.2 NAME		•	
STREET ADDRESS					TADDRESS		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addi	
NAME				6.2 NAME			
STREET ADDRESS	•				TADDRESS		
CITY-ST-7IP	•			6.4 CITY-S	T-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 coppdration 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:

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90077 026 ***150.00