FILE NOW: 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

FILED Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90036 046 ***300.00

DOCUMENT # P95000080520

1. Corporation Name

THE BROCK GROUP, INC.

Principal Place	of Business	Mailing Address		T INDIVIDUE IND COURT BINE BOARS A	Elii aeiki eeiar letit aeial ause	11511 5511 1551	
3201 JESSIE HARBOR DR 3201 JESSIE HARBOR DR OSPREY FL 34229 OSPREY FL 34229 US US					DO NOT WRITE IN THIS SPACE		
C	anditution.	Const	itution"	 Date Incorporated or Qualifed 10/20/1995 			
2. Principal Pla	ice of Business	2a. Mailing Address	end Se	4. FEI Number 65-0622723	<u> </u>	plied For t Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 A		
City & State	, ,-,	City & State 28 Sarus of		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	•	
Zip 24 3425	Country 3 1 25 US A	29 FA 30	Country 34231	This corporation owes the cur Personal Property Tax.	Yes	□No	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New	Registered Agent		
	7.68	ösen baum	. 81 – Name.	Lynn Rosen	baum		
				ddress (P.O. Box Number is Not Accep		(
BRADENTON FL 34205				Constitution			
			84 City	sarusota	FL 85 Zip C	1231	
office or re-	gistered agent or both in the State of	Florida, Such change was auth	onzed by the corpo	corporation submits this statement for the ration's board of directors. I hereby acceptable	purpose of changing its pt the appointment as re	registered gistered	
agent. I am	familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.		2/12	199	
SIGNATURE A	人、たらくの b Q U m Signature, typed or printed name of registered agent a	and title if applicable. (NDTE: Re	gistered Agent signature re-	quired when reinstating)	DATE	- / /	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O			
TITLE -	D	☐ DELETE	1.1 TITLE		☐ Change	Addition Addition	
NAME (ROSENBAUM, LYNN	Issu Harbon	1.2 NAME				
STREET ADDRESS	3476 TOBERO LANE 3201	Justice 11 to 100	1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34235 OSp	ry FL 34229	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Additio	
NAME		Ï	3,2 NAME				

STREET ADDRESS

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

3,3 STREET ADDRESS

4,3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3,4. CITY-ST-ZIP

4,1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

attachment with an address, with all other like empowered.

SIGNATURE:

Block 12 or Block 13 if changed, or on a

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 941-421-9669

Change

☐ Change

☐ Change

Addition

☐ Addition

Addition