**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**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90221 047 ***150.00

DOCUMENT # **P95000095874**

1. Corporation Name
**BROCK SOLID DESIGN CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 542<br>FORT LAUDERDALE FL 33302<br>US | P.O. BOX 542<br>FORT LAUDERDALE FL 33302<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/01/1996

4. FEI Number: 65-0641605 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 PO Box 51 | 26 PO Box 51 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 FT LAUDERDALE, FL | City & State 28 FT LAUDERDALE, FL |
| Zip 24 33301 Country 25 BROWARD | Zip 29 33301 Country 30 BROWARD |

**9. Name and Address of Current Registered Agent**

GRANAT, MITCHELL ESQ
412 SE 18 STREET
FORT LAUDERDALE FL 33316

**10. Name and Address of New Registered Agent**

81 Name: MATT MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 535 NE 11 AVENUE
83
84 City: FT LAUDERDALE. FL 85 Zip Code: 33301

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: Matthew B. Martin DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MARTIN, MATT | | 1.2 NAME | | |
| STREET ADDRESS | 412 SE 18 STREET | | 1.3 STREET ADDRESS | 535 NE 11 AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | | 1.4 CITY-ST-ZIP | FT LAUDERDALE, FL 33301 | |
| 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 ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 an address, with all other like empowered.

**SIGNATURE:** Matthew B. Martin 4/26/99 (954) 763-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)