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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000096837 (6)

BROOKMAN-FELS, COLORADO SPRINGS, INC.

Principal Place of Business Mailing Address

5901 S.W. 111TH STREET
MIAMI FL 33156

2. Frincipal Place of Business

2. Mailing Address

2. Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 12/22/1995		ite of Last F 21/1996	
2. Pondipal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Ar	oplied For
21		26	MKMAN	.PEL S	<u> </u>	65-0674475		N	ot Applicable
Suite BR(OOKMAN-FELS CEAN DR., SUITE G-9	3800 S. OC	ŽAN DR WOOD. J	I. SUI FL 33	TE G-9 019	5. Certificate of Status Desired			Additional equired
HOLL)	YWOOD, FL 33019	City & State		********		B. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 24]	Country 25	Zip	30	Country		8. This corporation has fiability for Florida Statutes	intangible Yes		. 199.032,
	9. Name and Address of Currel	nt Registered Agent				10. Name and Address of New Re	glatered /	Agent	
SAV	/AGE, CRAIG D			81	Name				
	N.E. 167TH STREET			82	Other Add	(B.O. D	LI-V	,	
	TE 302			182	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	NAMI BEACH FL 33162			83					
N M	MAMI DEACH FL 33 102								
				84	City		C'I	85 Zip	Code
				نــــاِـــــ			<u>FL</u>		
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	uz and 607,1508, Florid e of Florida, Such chan	na Statutes, t ige was autho	ne above orized by	e-named corp / the corporat	poration submits this statement for the patients board of directors. I hereby acception's	purpose of of the apo	changing i ointment as	is registered registered
agent. La	um familiar with, and accept the oblig	ations of, Section 607.	0505, Florida	Statutes	S.	tion's board of directors. I hereby accept			
SIGNATURE									
	Signature, typical or printed name of registered ag	ent and title if applicable	(NO1E: Rec	gistered Age	ant signature requi	red when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	1S IN 12
	g								
THEF	PTD	DE	LETE	1.1 TITLE	···			Change	Addition
THILE NAME	LEVY, MICHAEL	DE	LETE						Addition
	1 * -=	DE	LEYE	1.1 TITLE	ADORESS				Addition
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4. I do 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 exports the and accurate and that my signature shall have the same legal effect as it made under eath; this is an entire or director of the corporation or the receiver of 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 a 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.

SIGNATURE:

4-22-95

954-455-2700