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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000051950 (9)

BROOKMAN-FELS AT COUNTRY CLUB ESTATES, INC.

5901 S.W. 111 STREET MIAMI FL 33156

Principal Place of Business

Mailing Address

5901 S.W. 111 STREET MIAMI FL 33156-4104

FILED May 05 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified	3a. Date	of Last Re	sport
2. Principal f	Place of Business	2a. Mailing Addre	28\$			06/18/1996 4. FEI Number		IAp	plied For
21		26				65-0685044		- 1 · ·	t Applicable
Suite, Apt	BROOKMAN-FELS B. OCEAN DR., SUITE G-9	Suite, Ap BR 27 3600 S. C	OOKMAN-I CEAN DR., YWOOD, FL	PELS SUITI	E G-0	5. Certificate of Status Desired		\$8.75 A Fee Re	
City 8 HC 23	LLYWOOD, FL 33019	City HO 4.	YWOOD, FL	. 3301	9	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•
Ζφ	Country	Zip	·	intry		8. This corporation has liability for	intangible ta		199.032,
24	25 25 P. Name and Address of Current	29 Registered Agent	[30]	Τ	_,	Florida Statutes 10. Name and Address of New R			
CAI		regional rigorit		81 Nar	me	10. January and London At 1404 to	ogiotolou rtg		
SAVAGE, CRAIG D 801 N.E. 167TH STREET SUITE 302									
				82 Street Address (P.O. Box Number is Not Acceptable)					
	RTH MIAMI FL 33182			83					
NO	THE MICHAEL COSTOR			<u> </u>					
				84 City	y		FL	85 Zip (Code
agent 1: SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligat Standard typed or protect name of registered agent	ions of, Section 607.0	0505, Florida Stat	tutes.		d when reinslating)	DATE)-11	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 12
THLE	SD	☐ DE	LETE 11TI	TLE	1V			Change	Addition
					د مسا				
NAME	LEVY, MICHAEL		1.2 N	AME	Bel	MARK OFFERBERS			
NAME Street address	5901 S.W. 111 STREET			ame Treet adore	ec 32	enand Offenberg 05.0cean Dr G-9			
STREET ADDRESS CHY 51 ZIP	5901 S.W. 111 STREET MIAMI FL		. 1.3 S1	IREET ADDRE	ec 32	MARK OFFERBERS		1.0	A 150
STREET ADDRESS CHY ST ZIP 1 TH	5901 S.W. 111 STREET MIAMI FL PD	DE	1.3 ST 1.4 CI LEFE 2.1 TI	IREET ADORE ITY-ST-ZIP ITLE	ec 32	enand Offenberg Ob.Ocean Dr G-9	E	_ Change	Addition
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STREET ADDRESS CHY_ST_ZP THF NAME STREET ADDRESS CHY_ST_ZP	5901 S.W. 111 STREET MIAMI FL PD FELS, JON		. 1.3 ST 1.4 CI LETE 2.1 TI 2.2 N/ 2.3 ST 2.4 C	IREET ADORE ITY-ST-ZIP ITLE AME TREET ADDRE CITY-ST-ZIP	380 Hb	enand Offenberg Ob.Ocean Dr G-9			
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I. I do hereby certify that the information supplied with finis filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 process.

SIGNATURE: Michael Company Com

954-455-2700