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Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051950 (9)

1. Corporation Name

BROOKMAN-FELS AT COUNTRY CLUB ESTATES, INC.



Principal Place of Business

Mailing Address

3800 S OCEAN DR SUITE G-9
HOLLYWOOD FL 33019
US

3800 S OCEAN DR
G-9
HOLLYWOOD FL 33019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVAGE, CRAIG D
801 N.E. 167TH STREET
SUITE 302
NORTH MIAMI FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME LEVY, MICHAEL
STREET ADDRESS 5901 S.W. 111 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME FELS, JON
STREET ADDRESS 5901 SW 111 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME OFFENBERG, BERNARD
STREET ADDRESS 3800 S OCEAN DR G-9
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

940 HARBOR ISLANDS DR
HOLLYWOOD FL 33019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

940 HARBOR ISLANDS DR
HOLLYWOOD FL 33019

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

940 HARBOR ISLANDS DR
HOLLYWOOD FL 33019

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

4/30/98 854455220

CR2E034 (10/97)