FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P96000056796 (1)

FILED Mar 25 1997 8:00am Secretary of State

THE MIDDLEBROOK GROUP, INC. Principal Place of Business Mailing Address 355 PALERMO AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 CORAL GABLES FL 33134-6607									
						3. Date Incorporated or Qualified 07/05/1996	3a. Da	te of Last R	eport
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 65 - 06 86 952	- h	<u> </u>	plied For It Applicable
Suite, Ap	et #, etc	Suite, Apt. #, etc.		•		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
Orty & S-	ate	City & State		···-···		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
Ζφ. 24	Country 25	Z _I p	30 COL	intry		8. This corporation has liability for i	ntangible Yes		199.032,
2.21 · ·	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re-	gistered /	gent	
RC	OY, WILLIAM R			81	Name				
355 PALERMO AVE. CORAL GABLES FL 33134				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zip (Code
SIGNATURE	Šiji zio Upozorio o Probabli regulenstan					poration submits this statement for the plion's board of directors. I hareby acception when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
160	D	☐ DELETE	1.1 T	TLE	T			Change	Addition
NAMi	ROY, WILLIAM R		12 N	AME	1				
STREET ADDRESS			1.3 \$	TREET	ADDRESS				
CITY 51-20	CORAL GABLES FL 33134			TY - S1	T-ZIP				
THE	D D	[_] DELETE		2.1 TITLE				Change	Addition
NAME All St. Laboratoria	KELLEY, SUSAN P 355 PALERMO AVE.		2.2 N		***************************************				
STHIRT ADDRESS	CORAL GABLES FL 33134		1		ADDRESS				
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NAVE			3.2 N		}			-	
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NAME			4 2 1		-				
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NAM !		WEEK	5.1 N		}				
STREET ADDRESS	S				ADDRESS				
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NAM:	1			· ILL					
		•	62 N						
STREET ADDRESS	8			AME	ADDRESS				
STREET ACCRESS OF V. ST. 769	8		6.3 S 6 4 C	AME TREET ITY-S	T-21P	d in Section 119 07/31/i) Florida Statute		_	

4. If 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 arminal 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 afflicer or director of three copional-on 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 en an affactor of the copional affactor.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

WILLIAM R. Ruy DIRECTOR PRESIDEN 2/26/87 305/447-3886