

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058710 (0)
1. Corporation Name
BROOK HOUSE PROPERTIES, INC.



Principal Place of Business 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 GLADES BUILDING ST. PETERSBURG FL 33702	Mailing Address 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 GLADES BUILDING ST. PETERSBURG FL 33702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 324 SECOND ST. N. Suite, Apt. #, etc.	2a. Mailing Address 26 1704 W. KENNEDY BLVD. Suite, Apt. #, etc.
22 City & State ST. PETERSBURG, FL	27 City & State TAMPA, FL
24 Zip 33701	25 Country U.S.A.
29 Zip 33606	30 Country U.S.A.

3. Date Incorporated or Qualified 07/12/1996	4. FEI Number 59-3451928	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MASCARA, ERNEST I
877 EXECUTIVE CENTER DRIVE WEST
SUITE 303 GLADES BUILDING
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name ANTHONY S. ITALIANO SR.
82 Street Address (P.O. Box Number is Not Acceptable) 1704 W. KENNEDY BLVD.
83
84 City TAMPA
85 Zip Code FL 33606

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 *Anthony S. Italiano* **ANTHONY S. ITALIANO SR.** **4/16/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEVENSON, JANET C 1753-D BELLEAIR FOREST DR. BELLEAIR FL 34618	<input type="checkbox"/> DELETE ADDR. CHANGE ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVENSON, MICHAEL C. 1753-D BELLEAIR FOREST DR. BELLEAIR FL 34618	<input type="checkbox"/> DELETE ADDR. CHANGE ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1704 W. KENNEDY BLVD. TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1704 W. KENNEDY BLVD. TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Michael C. Levenson* **4/1/98** **(813) 254-3883**

CR2E034 (10/97)