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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000062435 (8)

| 1. Corporation Hamile      | • | • |
|----------------------------|---|---|
| BROOKWOOD MANAGEMENT, INC. |   |   |
|                            |   |   |

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 240 SOUTH PINEAPPLE AVENUE 240 SOUTH PINEAPPLE AVENUE TENTH FLOOR TENTH FLOOR DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 07/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0687336 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Kalin, Edward L 5252 S. TAMIAMI TRAIL 62 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 City 84 85 Zip Code FL 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE BAND, DAVID S NAME 12 NAME 4100 FLAMINGO STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KALIN, EDWARD NAME 2.2 NAME 201 MORNINGSIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 2. 4 CHY-ST-ZiP DELETE Addition Change 3.1 TITLE TITLE GORDON, DAVID NAME 3.2 NAME 5005 WEST LAUREL #206 STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ■ Addition 41 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 recover of truestee empowers of 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 or haltaching it with as a city of the corporation of the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of the corporation of the recovery of the same legal effect as if made under oath; that I am an officer or director of the corporation of the recovery of the recover

SIGNATURE:

941-366-6660