

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

FILED
May 19 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 # **P97000046241 (0)**

1. Corporation Name

BROOKMAN-FELS AT PRESIDENTIAL ESTATES, INC.



Principal Place of Business

**3800 OCEAN DRIVE SUITE G-9
HOLLYWOOD FL 33019**

Mailing Address

**3800 OCEAN DRIVE SUITE G-9
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0772011

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
940 HARBOR ISLANDS DR

26 Suite, Apt. #, etc.
940 HARBOR ISLANDS DR

22 City & State
FL 33019

27 City & State
FL 33019

23 Zip
33019

28 Zip
33019

24 Country
USA

29 Country
USA

9. Name and Address of Current Registered Agent

**SAVAGE, CRAIG D
801 NW 167TH STREET SUITE 302
NORTH MIAMI BEACH FL 33182**

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D LEVY, MICHAEL
3800 OCEAN DRIVE SUITE G-9
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D FELS, JON
3800 OCEAN DRIVE SUITE G-9
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BERNARD OFFENBERG
940 HARBOR ISLANDS DR
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
940 HARBOR ISLANDS DR

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
940 HARBOR ISLANDS DR

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**D BERNARD OFFENBERG
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

Bernard Offenbergs U.P

4/7/98 954 455 2700

CR2E034 (10/97)