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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000052751 (9)

Country

g, Name and Address of Current Registered Agent

25

WINTER HAVEN FL 33884-2512

BROOKS, PHILLIP 939 W HERON CIRCLE

PHILLIP BROOKS, INC.

Principal	Place of	Business	

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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839 W HERON CIRCLE WINTER HAVEN FL 33884-2512

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

939 W HERON CIRCLE WINTER HAVEN FL 33884-2512

## FILED May 11 1998 8:00am Secretary of State



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

Country

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в3 84 Name

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature typod or printed name of transferred agent and tile Copper	able (NOT)	F: Riggistered Agent signature required	when reinstating)	DATE				
12.	OFFICERS AND DIRLCTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change	Addition			
NAME	BROOKS, PHILLIP		1.2 NAME						
STREET ADDRESS	939 W HERON CIRCLE		1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33884-2512		1.4 CITY-ST-ZIP						
TITLE		☐ DELET <b>E</b>	2.1 TITLE		Change	Addition			
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP		<u> </u>	2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STHEET ADDRESS						
CITY-ST-ZIP			3 4. CiTY-ST-ZIP						
TITLE		☐ DÉLETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	6.1 TITLE	•	☐ Change	Addition			
NAME			5.2 NAME		•				
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY CT 780			BACITY-ST-2IB						

14. Thereby certify that the informalism 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 of supplemental aurual port 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 truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporat Block 12 or Block 13 if changes.

AL8 48

941-324-1,744