

**DOCUMENT # P97000061299**

1. Entity Name

**DARRYL BROOKS ENTERPRISES, INC.**

C0043858

|   |  |
|---|--|
| Principal Place of Business                   | Mailing Address                                    |
| 204 BENNETT STREET<br>WINTER SPRINGS FL 32708 | 204 BENNETT STREET<br>WINTER SPRINGS FL 32708-2606 |

|                                |         |                                      |         |
|--------------------------------|---------|--------------------------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address                   |         |
| Suite, Apt. #, etc.            |         | 233 FLAME AVE<br>Suite, Apt. #, etc. |         |
| City & State                   |         | City & State<br>Maitland, FL         |         |
| Zip                            | Country | Zip                                  | Country |
|                                |         | 32751                                | US      |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | 59-3457454               | Applied For                           |
|                                  |                          | Not Applicable                        |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

BROOKS, DARRYL  
204 BENNETT STREET  
WINTER SPRINGS FL 32708

| 7. Name and Address of New Registered Agent        |             |
|--|-------------|
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
|  |             |
| City   | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br/>(See criteria on back) <input type="checkbox"/></p> | <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2000 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                     |  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|--|---------------------------------|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BROOKS, DARRYL<br>204 BENNETT ST<br>WINTER SP FL        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>CAPEHART, ALICE<br>233 FLAME AVE<br>MAITLAND FL 32751 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice Capshaw* IP 3/21/00 4072659757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #