


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90027 033 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000034852</b>					
1. Corporation Name <b>BROOKMAN-FELS CONSTRUCTION MANAGEMENT, INC.</b>					
Principal Place of Business <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>			Mailing Address <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>201 Alhambra Circle</b> Suite, Apt. #, etc. 22 <b>12th Floor</b> City & State 23 <b>Coral Gables, Florida</b> Zip Country 24 <b>33134</b> 25			2a. Mailing Address 26 <b>201 Alhambra Circle</b> Suite, Apt. #, etc. 27 <b>12th Floor</b> City & State 28 <b>Coral Gables, Florida</b> Zip Country 29 <b>33134</b> 30		
9. Name and Address of Current Registered Agent <b>KERRIGAN, JUANITA I</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 Alhambra Circle</b> 83 <b>12th Floor</b> 84 City <b>Coral Gables</b> <b>FL</b> 85 Zip Code <b>33134</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE <b>FELS, JONATHAN</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>				
TITLE	D <input type="checkbox"/> DELETE <b>LEVY, MICHAEL</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>				
TITLE	D <input type="checkbox"/> DELETE <b>MCMARY, CHARLES L</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>				
TITLE	D <input type="checkbox"/> DELETE <b>GETMANY, DENNIS J</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>				
TITLE	D <input type="checkbox"/> DELETE <b>KERRIGAN, JUANITA I</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33134</b>				
TITLE	D <input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	<b>201 Alhambra Circle 12th Floor</b>				
1.3 STREET ADDRESS	<b>Coral Gables, Florida 33134</b>				
1.4 CITY-ST-ZIP	<b>33134</b>				
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<b>201 Alhambra Circle 12th Floor</b>				
2.3 STREET ADDRESS	<b>Coral Gables, Florida 33134</b>				
2.4 CITY-ST-ZIP	<b>33134</b>				
3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<b>201 Alhambra Circle 12th Floor</b>				
3.3 STREET ADDRESS	<b>Coral Gables, Florida 33134</b>				
3.4 CITY-ST-ZIP	<b>33134</b>				
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	<b>201 Alhambra Circle 12th Floor</b>				
4.3 STREET ADDRESS	<b>Coral Gables, Florida 33134</b>				
4.4 CITY-ST-ZIP	<b>33134</b>				
5.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	<b>201 Alhambra Circle 12th Floor</b>				
5.3 STREET ADDRESS	<b>Coral Gables, Florida 33134</b>				
5.4 CITY-ST-ZIP	<b>33134</b>				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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, with all other like empowered.

SIGNATURE: Juanita I. Kerrigan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN**

4/23/99 (305) 442-7000  
 Date Daytime Phone #

CR2E034 (1/98)