#### 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

### DOCUMENT # P99000110638

1. Entity Name BROCKWAY FAMILY PARTNERS, INC.



Principal Place of Business

C/O BILL USSERY MOTORS, INC. 300 ALMERIA AVENUE CORAL GABLES, FL 33134

Mailing Address

C/O BILL USSERY MOTORS, INC. 300 ALMERIA AVENUE CORAL GABLES, FL 33134

# **FILED** Apr 22, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03) 4, FEI Number Applied For 65-0979016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

AXMAN, MICHAEL B C/O ADORNO & ZEDER 2601 S BAYSHORE DR STE 1600 MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. I am lamillar with, and accept the obligations of registered agent.</li> </ol>						
SIGNATURE_	Signature, typed or printed name of registered agent and tile it	f applicable (NOTE Registered	Agent signature	a required when reinstalling)	DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000124712 04/22/04-80055-021 158.75	
10. TITLE NAME STREET ADDRESS CITY ST ZIP	OFFICERS AND DIRECT D BROCKWAY, JOHN C JR. C/O 300 ALMERIA AVENUE CORAL GABLES, FL 33134	CTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROCKWAY, PATRICIA A C/O 300 ALMERIA AVENUE CORAL GABLES, FL 33134					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST_ZIP						

12. 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered. SIGNATURE:

JOHN C. BROCKWAYA-15-04 (305) 445-8593