


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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
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04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979016	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! 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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROCKWAY, JOHN C JR. C/O 300 ALMERIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROCKWAY, PATRICIA A C/O 300 ALMERIA AVENUE CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Brockway **JOHN C. Brockway** -15-04 (305) 445-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #