

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**95 APR 14 PH 3:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S82006 (5)**

1. Corporation Name

**THE BROOKFIELD COMPANY OF BOCA RATON**

Principal Place of Business

**1801 CLINT MOORE RD.  
SUITE 114  
BOCA RATON FL 33487**

Mailing Address

**1801 CLINT MOORE RD.  
SUITE 114  
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/23/1991** 3a. Date of Last Report **03/20/1994**

4. FEI Number **65-0298028** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**29** Zip

Country

9. Name and Address of Current Registered Agent

**HRAWG CORP.  
2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME LINEHAN, JAMES F.**  
**STREET ADDRESS 1801 CLINT MOORE S-114**  
**CITY-ST-ZIP BOCA RATON FL 33487**

**TITLE V**  
**NAME LINEHAN, GREGORY P**  
**STREET ADDRESS 1801 CLINT MOORE RD. STE. 114**  
**CITY-ST-ZIP BOCA RATON FL 33487**

**TITLE T**  
**NAME ACKER, JESSICA L.**  
**STREET ADDRESS 1801 CLINT MOORE S-114**  
**CITY-ST-ZIP BOCA RATON FL 33487**

**TITLE S**  
**NAME LINEHAN, REBECCA**  
**STREET ADDRESS 1801 CLINT MOORE S-114**  
**CITY-ST-ZIP BOCA RATON FL 33487**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver 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 any amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR

Date

Daytime Phone #