

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5/11/95 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05688

(9)

1. Corporation Name:

M. & B. BROOKS INC.

Principal Place of Business:

18185 181 CIRCLE SOUTH
BOCA RATON FL 33498

Mailing Address:

18185 181 CIRCLE SOUTH
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

01/09/1992

05/01/1994

4. FEI Number

65-0306425

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

7. Does corporation have liability for contribution to covered 5-1104 (92)

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOKS, BART
18185 181 CIRCLE SOUTH
BOCA RATON FL 33498

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 607.0402 and 607.1506, 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 duties of Section 607.0501, Florida Statutes.

SIGNATURE

Bart Brooks (BART BROOKS)

5/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF	D
NAME	BROOKS, BART
STREET ADDRESS	18185 181 CIRCLE SOUTH
CITY, ST, ZIP	BOCA RATON FL
OFF	D
NAME	BROOKS, MARTI
STREET ADDRESS	18185 181 CIRCLE SOUTH
CITY, ST, ZIP	BOCA RATON FL
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. OFF	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. OFF	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. OFF	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. OFF	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. OFF	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. OFF	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 333.01(3)(c), Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or as an addendum with an address.

SIGNATURE:

Bart Brooks (BART BROOKS)

president

5/11/95

407-480-8712