

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

21 22405 SW 66 AVE

Suite, Apt. #, etc.

22 Apt A 1601

City & State

23 BOCA RATON, FL

Zip

24 33428

Country

25 PALM BEACH

2a. Mailing Address

26 22405 SW 66 AVE

Suite, Apt. #, etc.

27 Apt A 1601

City & State

28 BOCA RATON, FL

Zip

29 33428

Country

30 PALM BEACH

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BROOKS, BART

18185 181 CIRCLE SOUTH  
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

BART BROOKS

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

22405 SW 66 AVE

83

Apt A 1601

84 City

BOCA RATON

FL

85 Zip Code

33428

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

*Bart Brooks* BART BROOKS

6/1/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D BART BROOKS  
22405 SW 66 AVE Apt 1601  
BOCA RATON, FL

D MARTI BROOKS  
22405 SW 66 AVE Apt 1601  
BOCA RATON FL

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(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 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.

SIGNATURE:

*Bart Brooks* president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

Date

467-488-8712

Daytime Phone #

CR2E034 (12/95)