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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

HOLBROOK & HOLBROOK CORPORATION, INC.

Displied Displied of Displace Mailing Address						I 19811 O)\$E\$t 1180) 11881 11981 8\$1			(
Principal Place of 100 N BISCAY STE, 903	NE BLVD	Mailing Address 100 N BISCAYNE BLVD STE. 903 MIAMI EL 33132								
MIAMI FL 33132 US		MIAMI FL 33132 US				3. Date Incorporated or Qualified 02/03/1992				
Principal Place	e of Business	2a. Mailing Address 26				4. FEI Number 65-0315541		_	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		ree Required		
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution	st Fund Contribution Added to Fees			
Zip 4]	Country 25	Zip 29	30	Country			□No		199.032,	
	9. Name and Address of Curre	nt Registered Agent			T	10. Name and Address of New F	legistered A	gent		
				81	Name					
	OK, VESTER W.					Street Address (P.O. Box Number is Not Acceptable)				
	RTH BISCAYNE BOULEVARD DRLD TOWER SUITE 903			83						
MIAMI FI								T. (=		
MINAMILIT	L 00 10E			84	City		FL	85 Zij	p Code	
familiar with SIGNATURE	d agent, or both, in the State of Flor, and accept the obligations of, Sec grature, typed or printed ranne of registered agen	tion 607.0505, Florida Statutes	S.			and of directors. Thereby accept the app	DATE	·- ···-··		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF				
TITLE	PCEO	☐ DELETE		1 1 TITLE			L] Change	Addition	
NAME	HOLBROOK, VESTER W.	II II EVADD		1.2 NAME						
STREET ADDRESS	100 NORTH BISCAYNE BO MIAMI FL	OLEVAND	ŀ		F ADDRESS					
CHTY - ST - ZIP TITLE	VP	DELETE	-	1.4 CITY - 2 1 TITLE			Г	Change	Addition	
NAME	HOLBROOK, RICAHRD C.	L		2 2 NAME	1		_	_	_	
STREET ADDRESS	100 NORTH BISCAYNE BO	ULEVARD		2 3 STREE	I ADDRESS					
CITY - ST - ZIP	MIAMI FL			2.4 CHY-	ST-ZIP					
TITLE	S POW O	Decete	ı	3 1 111LE] Change	☐ Addition	
NAME	IRBY, ROY C. 100 NORTH BISCAYNE BO	NII EVADO	ł	3 2 NAME						
STREET ADDRESS	MIAMI FL	OLEANID		3.3 STRE	ET ADDRESS					
CHY-ST-ZIP TITLE	MINTE I L	DELETE		4 1 TITLE				Change	☐ Addition	
NAME		_		4 2 NAME	ļ					
STREET ADDRESS				4 3 STREE	T ADDRESS					
CITY - ST - ZIP		Page 100		4.4 CiTY				7 Change	[] Addition	
THLE		☐ DELETE		5 1 TITLE	ŀ		L	Change	Addition	
NAME				5.2 NAME	T ADDRESS					
STREET ADDRESS CITY - ST - ZIP				5.4 CITY -						
TITLE		DELETE		6 1 TITLE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				63 STREE	1 ADDRESS					
CITY-ST-ZIP		A 90 Abr. Press 1 1 4 9 7		6 4 CITY	ST-ZIP	6. for the exemption stated in Docker 4.4	0.7(2)(L) Fig	rida Ctati	itae I furthar	
certify that oath: that I	the information indicated on this or	inual report or supplemental and poration or the receiver or trusti	nual re ee em dress.	eport is t powered	rue and acc I to execute	fy for the exemption stated in Section 11: urate and that my signature shall have th this report as required by Chapter 607, I	e same logal Florida Statut	eriect as es; and th	nat my name	
SIGNAT	URE: USIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFF		STER DIRECTOR		BROOK, PRESIDENT & CE	0 (305)	577- aylın e Phore	-4388 • *	