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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V13795 (2)

1. Corporation Name
BROOKLANDS INC.

Principal Place of Business
503 CORPORATE SQUARE
1500 NW 62 STREET
FT. LAUDERDALE FL 33309
US

Mailing Address
503 CORPORATE SQUARE
1500 NW 62ND STREET
FT. LAUDERDALE FL 33309-1833
US



3. Date Incorporated or Qualified 02/13/1992
3a. Date of Last Report 08/06/1996

2. Principal Place of Business
21 4360 NORTHLAKE BLVD
Suite, Apt. #, etc. 205
22 City & State PALM BCH GARDENS, FL
23 Zip 33410 Country USA
24 33410 25 USA
2a. Mailing Address
26 4360 NORTHLAKE BLVD
Suite, Apt. #, etc. # 205
27 City & State PALM BCH GARDENS, FL
28 Zip 33410 Country USA
29 33410 30 USA

4. FEI Number 65-0331870
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

QUINN, MICHAEL F.
503 CORPORATE SQUARE
1500 NW 62ND STREET
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4360 NORTHLAKE BLVD # 205
83
84 City PALM BCH GARDENS, FL 85 Zip Code 33416

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]* MICHAEL F. QUINN 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME QUINN, MICHAEL
STREET ADDRESS 503 CORPORATE SQUARE, 1500 NW 62ND ST
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE V ☒ DELETE
NAME VANHORN, JERALD
STREET ADDRESS 503 CORPORATE SQUARE
CITY - ST - ZIP FORT LAUDERDALE 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 DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4360 NORTHLAKE BLVD # 205
1.4 CITY - ST - ZIP PALM BCH GARD., FL 33410
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* MICHAEL QUINN 4/7/97
Signature, typed or printed name of signing officer or director Date Daytime Phone # 561-694-1726

CR2E034 (9/96)