

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 215293 (2)
1. Corporation Name
VANBROWN INC



Principal Place of Business Mailing Address
**W A VANNORTWICK
710 LOMAX ST
JACKSONVILLE FL 32204-4098**

3. Date Incorporated or Qualified **09/09/1958** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-6082147** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**STOKES, JOSEPH B. JR., M.D.
710 LOMAX STREET
JACKSONVILLE FL 32203**

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 607.1506, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph B. Stokes*
Signature typed or printed name of signing officer or director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RICHARD H	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOLSKY, JACK L.	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, JOHN R.	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, JAMES N.	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, PAUL M.	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDOCK, JAMES A.	2. NAME	
STREET ADDRESS	710 LOMAX STREET	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. 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 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: *Joseph B. Stokes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-90

904 355-6583

CR2E034 (12/95)