

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 215293 (2)

1. Corporation Name
VANBROWN INC



Principal Place of Business W A VANNORTWICK 710 LOMAX ST JACKSONVILLE FL 32204-4098	Mailing Address W A VANNORTWICK 710 LOMAX ST JACKSONVILLE FL 32204-4098
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 09/09/1958	
4. FEI Number 59-6082147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURT, JAMES N M.D.
 710 LOMAX STREET
 JACKSONVILLE FL 32204**

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD H	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAPOLSKY, JACK L.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITTAKER, JOHN R.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURT, JAMES N.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUM, PAUL M.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDOCK, JAMES A.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

CR2E034 (10/97)