

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90007 001 ***150.00

DOCUMENT # G28109

1. Corporation Name

ROBERT K. BROWNELL, INC.

Principal Place of Business

5730 MAGGIORE ST
CORAL GABLES FL 33146

Mailing Address

5730 MAGGIORE ST
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1983

4. FEI Number

59-2266620

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 615 SAN LORENZO
Suite, Apt. #, etc.

22 CORAL GABLES, FL
City & State

23 33146
Zip

Country

24

2a. Mailing Address

26 615 SAN LORENZO
Suite, Apt. #, etc.

27 CORAL GABLES, FL
City & State

28 33146
Zip

Country

29

9. Name and Address of Current Registered Agent

LAMONT, NEIMAN & FEURMAN, P.A.
ONE BISCAYNE TOWER-SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, L FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME PST
BROWNELL, ROBERT K.
STREET ADDRESS 5730 MAGGIORE ST.
CITY-ST-ZIP MIAMI FL

13. TITLE

NAME D
BROWNELL, ROBERT K.
STREET ADDRESS 5730 MAGGIORE ST.
CITY-ST-ZIP MIAMI FL

14. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)