03-04-1999 90244 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J24477

1. Corporation Name

D. BROWN ELECTRIC, INC.

| | | | | | | <u> </u> | | |
|-------------------------------------|---|----------------------------------|-----------------------|------------|--------------------|---|---------------|----------------|
| Principal Place | of Business | Mailing Add | ress | | | | | |
| % DENNIS E. BROWN % DENNIS E. BROWN | | | | | | | | |
| 5050 MADISON | | 5050 MADIS | | | | DO NOT WRITE IN THIS SPACE | | |
| DELRAY BEACH FL 33484 | | DELRAY BEA | DELRAY BEACH FL 33484 | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | | | |
| | | 1 | | | | 07/15/1986 4. FEI Number | | Applied For |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | 1 " | | lot Applicable |
| 21 | | 26 | | | | 59-2699061 | | Additional |
| Suite, Apt. | #, etc. | <u> </u> | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | • | Required |
| 22 | | 27 | | | | | | |
| City & State | • | City & 8 | State | | | 6. Election Campaign Financing | - | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | I to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes the current year Inta | ngible Yes | □No |
| 24 | 25 | 29 | 30 | | | r craditar i oparty raza | | |
| | 9. Name and Address of Co | urrent Registered Ag | ent | - 04 | | 10. Name and Address of New Registered A | dant | |
| 550 | AND DELINIO E | | | 81 | Name | | | |
| | WN, DENNIS E. | | 82 Stre | | | Address (P.O. Box Number is Not Acceptable) | | |
| | MADISON RD | | | | | | | |
| DELF | RAY BEACH FL 33484 | | | 83 | | | | 1 |
| | | | | 84 | City | | 85 Zip | Code |
| | • | | | 34 | City | FL | 100 - | |
| 11. Pursuant | to the provisions of Sections 607 | 7.0502 and 607.1508, | Florida Statutes, the | e abov | e-named cor | rporation submits this statement for the purpose of c | hanging if | ts registered |
| office or r | egistered agent, or both, in the S m familiar with, and accept the c | State of Florida, Such | change was author: | zed by | the corporat | tion's board of directors. I hereby accept the appoin | ıment,as.r | egistered |
| = | m lamiliai with, and accept the c | bligations of, Dection | 007.0000, 1 101.00 | ·lututos | • | | | \ |
| SIGNATURE | Signature, typed or printed name of register | ed agent and title if applicable | (NOTE Regist | ered Ager | nt signature requi | ired when reinstating) DATE | | |
| 12. | _ | S AND DIRECTORS | 11 | 13. | | ADDITIONS/CHANGES TO OFFICERS ANI | DIRECT | ORS IN 12 |
| TITLE | PD | | ☐ DELETE 1. | .1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | Brown, Dennis E. | | 1. | .2 NAME | | | | - |
| STREET ADDRESS | 5050 MADISON RD. | | 1 | | T ADDRESS | | | |
| | | 4050 | | 4 CITY-S | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | | -total | .1 TITLE | 1-21 | | Change | e Addition |
| TITLE | | | | | | | | |
| NAME | | | | .2 NAME | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | | . 4 CITY-5 | ST-ZIP | | ☐ Change | e Addition |
| TITLE | | | _ | .1 TITLE | | | Criange | , |
| NAME | | | 3. | .2 NAME | | | | |
| STREET ADDRESS | | | 3 | .3 STREE | T ADDRESS | | | ì |
| CITY-ST-ZIP | | | 3 | .4. CITY- | ST-ZIP | | | |
| TITLE | | | ☐ DELETE 4 | .1 TITLE | | | Change | e |
| NAME | | | 4 | . 2 NAME | | | | |
| STREET ADDRESS | | | 4 | .3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 4 | .4 CITY-S | T-ZIP | | | |
| TITLE | | | ☐ DELETE 5 | ATTILE | | | Change | e Addition |
| NAME | | | 5 | .2 NAME | | | | |
| STREET ADDRESS | | | 5 | .3 STREE | TADDRESS | | | |
| | | | | 5.4 CITY-5 | | | | |
| CITY-ST-ZIP TITLE | | | | .1 TITLE | | | Change | e Addition |
| | | | | .2 NAME | | | | |
| NAME | | | i | | T ADDRESS | | | |
| STREET ADDRESS | t . | | | U : REE | , ALDINEGO (| | | 1 |

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

SIGNATURE:

officer or director of the coll Block 12 or Block 13 if char

STREET ADDRESS

CITY-ST-ZIP

DENNIS BROWN