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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Moril) rn Secretary di State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000021981 (2)

BROWN INSURANCE, INC.

2357 TAMIAMI TRAIL S., UNIT 8	2357 TAMIAMI TRAIL S., UNIT 8
Principal Place of Business	Mailing Address

						Date Incorporated or Qualified 03/17/1995	3a, Date o	of Last Rep	oor		
2. Principal Pla	ce of Business 2a. Mailing Address 26					4) FEI Number 65 -05677	36		oplied For ot Applicable		
Suite, Apt. #. etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State City & State			,,			Election Campaign Financing Trust Fund Contribution	May Be to Fees				
Zip	Country Zip			ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes [] Yes [] No					
25 29 30 30						10. Name and Address of New Registered Agent					
g. Name and Address of Current Registered Agent					Name	RY W. BROWN					
AMERILAWYER 343 ALMERIA AVE.			B2	Street Addre	eet Address (P.O. Box Number is Not Acceptable) 3577AMIAMI TRAIL 5. #8						
	GABLES FL 33134			83		1115 Ela					
				84	City	102 70	FL	85 Zio	Code V293		
or rooistar	ed agent, or both, in the State of Fix th, and accept the obligations of, Ser Jewww.	nda. Such change was auth ction 607.0505, Florida Statu	orzed by the c utes. , ?//de~/7) L	nauori s noan	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of chai pointment as i	nging its re registered Y-Z-6	ago. a		
	Eignate e typed or printed name of registered age	of and title It applicable. ND DIRECTORS	(NOTE: Registered	Agerc	signarure renjured	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12		
12.	OFFICERS A	T DELETE	1.11		7			Change	Addition		
TITLE	BROWN, JERRY W	L.J DEKKIK	1.2 N								
NAME		NIT &			Annococ						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP		[7] DELETE	2.11	ITY - \$1	1 · ZIP	☐ Change ☐ Addition					
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NAME	BLOMU' NGUIZE W			2.2 NAME							
STREET ADDRESS	2357 Tamiami T	rail 5. #8		2.3 STREET ADDRESS							
CITY-ST-ZIP	Venice, FL 342			11Y - S	T - Z P		r	7 Change	Addition		
TITLE	S	[]] DELETE	3 1 1		•	•	μ.	¢.ia.ig.,			
NAME	Brown, Jerry W		3.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	veniue, ru 34c			ITY-S	1 - 719			Change	Addition		
TITLE	T	C) DELETE.	4.11				L	-1 Orkange	L. A POGITION		
NAME	Brown, Denise	Α		IAME					-		
STREET ADDRESS	2357	rail S. # 8	4.3 S	STREET	ADDRESS	9000012	364	(C)			
CITY - ST - ZIP	Venice, FL 342	93		I 4 CITY - ST - ZIP		9000018 	ก็เห็กะ	Change	☐1 Addition		
TITLE	Ì	[] DELETE		TITLE		***200.00	J		["] Wooman		
NAME			52 N	NAME.		TO THE SEASON THAT THE THAT THE					
STREET ADDRESS			538	SIREET	ADDRESS						
CITY-ST-ZIP			5.4 (CITY - S	ST- ZIF						
TITLE		[] DELETE	6.1	TITLE			[Change	Addition		
NAME			6.23	NAME							
STREET ADDRESS			6.3.3	STREET	I ADDRESS						
CITY-ST-ZIP			6.4 (CITY - S	ST-ZIP						
0.11.01.51	_L					for the proportion stated in Section 11	Q D7/3)(k) Eld	seda Statu	tae I further		

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 eath; 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 AND TYPED OF PRINTED MARE OF SIGNING OFFICER OF DIRECTOR THE PROPERTY OF SIGNING OFFICER OF DIRECTOR