**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90005 033 \*\*\*150.00

## 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

## DOCUMENT # 413854

Corporation Name

**BROWN LAND COMPANY** 

Principal Place of Business Mailing Address					i (delt) eseds tinen itini sesas attit atal asest eses	( <b>11</b> ( 11 ( 11 ( 11 ( 11 ( 11 ( 11 ( 1	
5901 SW 74 ST SUITE 205		5901 SW 74 ST SUITE 205		DO NOT MIDITE IN TUIC CO	DAGE		
S. MIAMI FL 33143 S MIAMI FL 33143				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed		
					11/21/1972	·	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-1462448		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip 29 30	Country	,	This corporation owes the current year Intan     Personal Property Tax.		□No
24	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registered Ag	jent	
	o. Halle and Address of Carro.		81	Name		· · · · · · · · · · · · · · · · · · ·	
STE	ven Brown			L		<u> </u>	
5901 SW 74 ST			82		ress (P.O. Box Number is Not Acceptable)		
SUITE 205			83				
S MIAMI FL 33143			84	City		85 Zip C	ode
			Ì	1	FL		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzea by	tne corporati	poration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment	nanging its i ment as reg	registered gistered
SIGNATURE	G	nt and title of applicable (NOTE: Re	gistered Age	nt signature require	ed when reinstation) DATE		\
12.	Digital of types of parties		13.	or right agreement and a second a second and			
TITLE			1.1 TITLE	- $$		Change	☐ Addition
	BROWN, STEVEN		1.2 NAME			•	}
NAME			i	T ADDRESS			Ì
STREET ADDRESS	5901 SW 74 ST., SUITE 205						1
CITY-ST-ZIP	S MIAMI FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	31-ZIP		Change	Addition
TITLE		□ bettere		1	•		
NAME			2.2 NAME				ĺ
STREET ADORESS				TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Channa	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	L Addition
NAME			3.2 NAME				
STREET ADDRESS			3,3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	.41 TITLE			Change	Addition
NAME			4. 2 NAME				-
STREET ADDRESS		,	4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
			5.2 NAME	1	•		- 1

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 seport 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 flustee 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

BROWN

1/8/99

(305)665-8885

☐ Change

Addition

R2E034 (11/98)