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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 238524

(3)

ROY BROWMAN AND SONS, INC.

FILED Jan 16 1997 8:00am Secretary of State



| Principal Place of Business DAVID BROWMAN 3750 BIRD RD MIAMI FL 33148 | | Mailing Address DAVID BROWMAN 3750 BIRD RD MIAMI FL 33146-1508 | DAVID BROWMAN 3750 BIRD RD | | | Date Incorporated or Qualified | | | |
|--|----------------------------------|--|-------------------------------|-------------------|--------------------|---|--|-------------------------------------|-----------------------|
| | | | | | | 3. Date Incorporated or Qua 07/15/1960 | | Date of Last I 2 /12/1996 | report |
| | Prace of Business | 2a. Mailing Address | | | | 4. FEI Number | | } } | pplied For |
| 21 | | 26 | | | | 59-0905593 | 59'U9U5593 Not Applicable S8.75 Additional | | |
| Suite, Ap | it, #, etc | Suite. Apt. #. etc. | | | | 5. Certificate of Status Desir | ed 🔲 | | Additional equired |
| City & St | ate | City & State | | | | 6. Election Campaign Finan | cina | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | ~~ ~ | | to Fees |
| Zip | Country | Ζιp | Co | ountry | ′ | 8. This corporation has liable | lity for intangib | le tax under | s. 199.032. |
| 24 | 25 | 29 | 30 | | | Florida Statutes | | □ No | |
| | 9. Name and Address of Cu | rrent Registered Agent | | - | 1 11 | 10. Name and Address of N | lew Registered | d Agent | |
| | ROWMAN,ROY | | | 81 | Name | | | | |
| | 50 BIRD RD | | | 82 | Street Add | ress (P.O. Box Number is Not Ac | ceptable) | | |
| ML | AMI FL 33146 | | | 83 | | 71.11 | | | |
| | | | | L | | | | | |
| | | | | 84 | City | | FI | 85 Zip | Code |
| 12. | | AND DIRECTORS | 13 | ١. | ent signature requ | ired when reinstating) ADDITIONS/CHANGES TO | DATE O OFFICERS AF | | |
| THE | PD | DELETE | 1.1 | TITLE | | | | Change | Addition |
| NAME | BROWMAN,ROY 7450 SW 114 ST | | | NAME | | | | | |
| STREET ADDRESS | MIAMI FL | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | | CITY - S TITLE | 51-219 | | | Change | Addition |
| NAME | BROWMAN,HOWARD | _ | - 1 | NAME | 1 | | | | _ |
| STREET ADDRES | | | 2.3 | STREE | r Address | | | | |
| CITY-ST-ZIP | MIAMI FL | | | CITY- | ST-7IP | | | <u></u> | |
| TITLE | S BDOWMAN LOIC | DELETE | I - | TITLE | | | | Change | Addition |
| NAME | BROWMAN,LOIS 5 7450 SW 114 ST | | | NAME | | | | | |
| STREET ADDRESS | MIAMI FL | | 1 | | T ADDRESS | | | | |
| CITY-ST-ZIP TITLE | MINAMILE | DELETE | | CITY - | ST-ZIP | | | Change | Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRES | s | | 4.3 | STREE | TADDRESS | | | | |
| CITY - ST - ZIP | | | | CITY- | ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 51 | TITLE | | | | Change | Addition Addition |
| NAME | | | 52 | NAME | | | | | |
| STREET ADDRES | 8 | | - 1 | | T ADDRESS | | | | |
| CITY - ST - ZIP | | Велет | | CITY | ST - ZIP | | | Change | Addition |
| TIFLE | | DELETI | | TITLE | | | | Unange | ☐ Additio |
| NAME | | | | NAME | | | | | |
| STREET ADORES | S | | | | T ADDRESS | | | | |
| CITY-S1-ZIF | 1 | | 6.4 | CITY- | SI-ZIP | | | | |

14. I do 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 in changed, or on an attachment with an address.

SIGNATURE: