

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 267903

(3)

1. Corporation Name

FOSTER BROWN, INC.

Principal Place of Business

312 S COUNTY ROAD
PALM BEACH FL 33480

Mailing Address

312 S COUNTY ROAD
PALM BEACH FL 33480



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MEITIN, AMADEO A.
64 WEST 21ST STREET
RIVERA BEACH FL 33404

81 Name

HELEN W BROWN

82 Street Address (P.O. Box Number is Not Acceptable)

312 S COUNTY ROAD

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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, 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 607.0506, Florida Statutes.

SIGNATURE

✓

Helen W. Brown

Helen W. Brown

3/18/96

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	1. NAME	PD BROWN, HELEN W	☐ DELETE
	2. STREET ADDRESS	5667 HOLLY LANE	
	3. CITY-STATE-ZIP	JUPITER FL	
	4. NAME	VD GRIMSHAW, HARRY	☐ DELETE
	5. STREET ADDRESS	2147 WARE DR	
	6. CITY-STATE-ZIP	W PALM BCH FL	
	7. NAME		☐ DELETE
	8. STREET ADDRESS		
	9. CITY-STATE-ZIP		
	10. NAME		☐ DELETE
	11. STREET ADDRESS		
	12. CITY-STATE-ZIP		
	13. NAME		☐ DELETE
	14. STREET ADDRESS		
	15. CITY-STATE-ZIP		

13	1. NAME		☐ Change ☐ Addition
	2. STREET ADDRESS		
	3. CITY-STATE-ZIP		
	4. NAME		☐ Change ☐ Addition
	5. STREET ADDRESS		
	6. CITY-STATE-ZIP		
	7. NAME		☐ Change ☐ Addition
	8. STREET ADDRESS		
	9. CITY-STATE-ZIP		
	10. NAME		☐ Change ☐ Addition
	11. STREET ADDRESS		
	12. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is truthful, 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 oath; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 647, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached print with a business address.

SIGNATURE: ✓

Harry Grimshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

407/655-4460

Division Phone #

CR2E034 (12/95)