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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 292435

(5)

1. Corporation Name

JOHN M. BROWN, INC.

Principal Place of Business

721 NE 45TH ST
FT LAUDERDALE FL 33334-3249

Mailing Address

721 NE 45TH ST
FT LAUDERDALE FL 33334-3249

3. Date Incorporated or Qualified
04/29/1965

3a. Date of Last Report
02/20/1996

4. FEI Number

59-1095490

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BROWN, JOHN M
721 NE 45TH ST
FORT LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 or 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROWN, JOHN M
STREET ADDRESS 5351 N E 17TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☐ DELETE

NAME BROWN, JOHN M, JR
STREET ADDRESS 4731 N.E. 27TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ DELETE

NAME BROWN, GERTRUDE I
STREET ADDRESS 5351 N E 17TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☐ DELETE

NAME BROWN, JEFFREY M
STREET ADDRESS 5351 N E 17TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☐ DELETE

NAME BROWN, DAVID D (2ND)
STREET ADDRESS 5351 NE 17TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Brown 1/13/97 772-1920

Date

Daytime Phone #

CR2E034 (9/96)