

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **422509** (0)

95 JAN 18 AM 8:23

1. Corporation Name
BROWNE BROTHERS VANN CORPORATION

Principal Place of Business Mailing Address
**1421 EAST OAKLAND PARK BLVD.
OAKLAND PARK FL 33334** **1421 EAST OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

Do not write in this space

3. Date incorporated (if Qualified) 3a. Date of Last Report
04/02/1973 **01/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEE Number		Applied For	
21		26		59-1479366		Not Applicable	
State, Apt. #, etc.		State, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under § 190.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWNE, MORTON L. 1421 E OAKLAND PK BLVD #104 OAKLAND, FL 33334				81 Name			
				82 Street Address (P.O. Box Number is Not Applicable)			
				83			
				84 City			FL

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 of person or persons of registered agent and title of registrant _____
Signature of Registered Agent (if not registered agent, then not applicable) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, MORTON L.	1. NAME	
STREET ADDRESS	1421 E OAKLAND PK BLVD	1. STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK, FL 00000	1. CITY- ST- ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY- ST- ZIP		2. CITY- ST- ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY- ST- ZIP		3. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY- ST- ZIP		4. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY- ST- ZIP		5. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY- ST- ZIP		6. CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that this information is true and correct on the annual report or supplemental annual report, if any, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager 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, as required, or in any other block with an address.

SIGNATURE:

1.10.95 (305) 565-5151