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Jan 14 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 # 422509 (0)
1. Corporation Name
BROWNE BROTHERS VANN CORPORATION



Principal Place of Business: 1421 EAST OAKLAND PARK BLVD. OAKLAND PARK FL 33334
Mailing Address: 1421 EAST OAKLAND PARK BLVD. OAKLAND PARK FL 33334-4434

3. Date Incorporated or Qualified: 04/02/1973
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business: 21 1421 E. OAKLAND BLVD, 22 #104, 23 OAKLAND PARK FLA, 24 33334, 25 BROWARD
2a. Mailing Address: 26 SAME, 27, 28, 29, 30
4. FEI Number: 59-1479366
5. Certificate of Status Desired: [X] \$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

9. Name and Address of Current Registered Agent
BROWNE, MORTON L.
1421 E OAKLAND PK BLVD #104
OAKLAND, FL 33334

10. Name and Address of New Registered Agent
81 Name: MORTON BROWNE
82 Street Address (P.O. Box Number is Not Acceptable): 2831 NE 59th STREET
83
84 City: FT. LAUDERDALE FL, 85 Zip Code: 33308

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: MORTON BROWNE, P. ST. (typed name) [Signature] (NOTE: Registered Agent signature required when reinstalling) 1.6.97 (Date)

12. OFFICERS AND DIRECTORS
TITLE: PST, NAME: BROWNE, MORTON L., STREET ADDRESS: 1421 E OAKLAND PK BLVD, CITY-ST-ZIP: OAKLAND PARK, FL 00000
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP
[] Change [] Addition

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 the attachment with an address.
SIGNATURE: [Signature] 1.6.97 938-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)