


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90013 033 ***158.75

DOCUMENT # 422509	
1. Entity Name BROWNE BROTHERS VANN CORPORATION	

Principal Place of Business 1421 EAST OAKLAND PARK BLVD. SUITE 104 OAKLAND PARK FL 33334 US	Mailing Address 2831 NE 59 STREET SUITE 104 ← REMOVE FORT LAUDERDALE FL 33308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2831 NE 59 STREET
City & State	City & State FORT LAUDERDALE, FLA
Zip 33308	Country U.S.A.



MOORE CR2E034 (11/03)

4. FEI Number 59-1479366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWNE, MORTON L. 2831 NE 59TH ST FT LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Morton L. Browne* **MORTON L. BROWNE P.S.F.** DATE: **2/1/04**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BROWNE, MORTON L. 2831 NE 59TH STREET FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I 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 report or supplemental 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 602, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morton L. Browne* **Morton L. Browne** Date: **2/1/04** Daytime Phone #: **954-938-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR