FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 002 ***150.00

C	OCUMENT	#	470	128	N
1	Corporation Name				V

ISABELL BROWN REALTY, INC.

Principal Place	of Business	Mailing Address		•		•	
13909 N DALE MABRY 202		13909 N DALE MABRY 202					
TAMPA FL 3361	a	TAMPA FL 33618		DO NOT WRITE IN THIS SPACE			
US		US		Date Incorporated or Qualifed			
					02/20/1975		
2 Dringing D	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
	ace of business	├			59-1581194	⊢	lot Applicable
21]	# -t-	Suite, Apt. #, etc.			35 136 1 194		Additional
Suite, Apt. I		<u></u>	- L		5. Certificate of Status Desired		Required
	<u> </u>	City & State			C. Flanting Community Financing		
City & State	•				Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Country	28 Zip	Country	,			1101 003
Zìp	Country	_ ` _	_ ·		This corporation owes the current yea Personal Property Tax.	⊓iniangible ☐ Yes	ÆNo
24	25		<u> o </u>		10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81	Name	O. Name and Address of New Auguste	eu Agein	
PPA	WN, ISABELL		10.	Name			
	9 NORTH DALE MABRY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E 202		83				j
IAMI	PA FL 33618		84	City		85 Zíp	Code
				\ \ \ \ \		*L	
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the abov	e-named corpo	oration submits this statement for the purpos	e of changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	riorida. Such change was aut ons of, Section 607.0505, Florid	norized by da Statutes	ine corporado S.	on's board of directors. I hereby accept the a	pomenent as i	egistered
-							
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable (NOTE: F	Registered Age	nt signature required	d when reinstating) DATI	·	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
	PD				ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	PD BROWN, ISABELL		1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS	PD BROWN, ISABELL 4407 MEADOWOOD WAÝ		1.1 TITLE 1.2 NAME 1.3 STREE		ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ISABELL 4407 MEADOWOOD WAY TAMPA FL		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BROWN, ISABELL 4407 MEADOWOOD WAY TAMPA FL SD	☐ OELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BROWN, ISABELL 4407 MEADOWOOD WAY TAMPA FL SD BROWN, RALPH III	☐ OELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP	PD BROWN, ISABELL 4407 MEADOWOOD WAY TAMPA FL SD BROWN, RALPH III	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	TADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BROWN, ISABELL 4407 MEADOWOOD WAY TAMPA FL SD BROWN, RALPH III 3409 VALLEY RANCH DR	DELETE DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE 6.2 NAME 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition Addition Addition Addition

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JSABELL NROWN 3/22/99 8/3-969-06.