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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

	990	- CON \$11.00	DIVISION OF	CORPORAT	UNS				
DOCUMENT # 497013			(3)						
	D. BROWN, P.A.								
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Director Disease	4.D -:							HINK	
•			lailing Address						
3848 KILLEARN COURT TALLAHASSEE FL 32308-3428			3848 KILLEARN COURT TALLAHASSEE FL 32308-3428						
						3. Date Incorporated or Qualified 02/20/1976	į.	of Last Re 06/06/1 9	•
2. Principal Plac	e of Business	1	2a. Mailing Address T1			4. FEI Number			Applied For
Suite, Apt. #, etc.			Suste, Apt. #, etc.			59-1647642			Not Applicable
22			7]			5. Certificate of Status Desired			Additional Required
City & State			City & State			6. Election Campaign Financing		···-	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	<u> </u>		- Ζιρ		ÿ	8. This corporation has liability fo		cunder s	199.032,
24	25 9. Name and Address of	29 Current Register	red Agent	30		Florida Statutes Ye 10. Name and Address of New	S No	nent	
				81	Name		riogistates P	gon	
BROWN	I, GENE D			82	Ctroot Add	ress (P.O. Box Number is Not Accepta	thio)		
3848 KILLEARN COURT					SUBBL AGG	ress (r.o. dox number is not accept	une;		
TALLAH	IASSEE FL 32308			83	•				
				84	City			85 Z ₁ C	Code
				. <u></u>	,		FL		}
or registered	the provisions or Sections to diagent, or both, in the State	iuz.uauz ana 60z. i e of Ekinda, Such <mark>ol</mark>	508, Honda Statut Jiange was authorz	tes, the above red by the con	named corpo Joration's boa	ration submits this statement for the p and of directors. Thereby accept the ap	urpose of char pointment as r	nging its re registered	egistered office : agent I am
	, and accept the obligations	of, Section 607.058	05, Florida Statuted	3					
SIGNATURE S	graduce typical oxides bed have in Cheage.	Perchage Pandith Cipyl	स्वरंश होंगे	THE Project of Age	r Lisignature, regime	ertsanien neikstati gr	DVIF		
12.		ERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO:	PIS IN 12
TITLE	PSD		DELFTE	1 1 TITUE] Change	Addition
NAME	BROWN, GENE D.	UDT		1.2 NAME	i				
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CITY-ST-ZIP TITLE			DELETE	3.4 CITY - 4.1 TITLE	ST-ZIP	··] Change	Addition
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NAME			[] () [((((((((((((((((((6 1 TITLE 6.2 NAME			L	ј спанде	Addition
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				64 CITY					
	certify that the information s	upplied with is flir	ng is voluntarily fun			for the exemption stated in Section 11	9.07(3)(k) Flor	ida Statuti	es. I further

1. To nereby certify that the information supplied in my is fining is volinitarily turnished and does not qualify for the exemption stated in Section 119.07(3)(s). Florida Statutes, I further certify that the information indicated on this chinal eport or suppliemental 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 respect 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 entriges or on an articlement with an address.

SIGNATURE:

(904)668-6103