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May 07 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 # 497951 (4)

1. Corporation Name
BROWNE BROTHERS EQUITIES CORPORATION

Principal Place of Business
1421 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

Mailing Address
1421 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334-4434



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1976	3a. Date of Last Report 04/30/1996
21		26		4. FEI Number 59-1723984	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	Country	28	Zip	Country
24	25		29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHRISTIANSEN, MICHAEL ERIC 2750 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308		81 Name VITTORIO DE FRISCO	
		82 Street Address (P.O. Box Number is Not Acceptable) 1421 EAST OAKLAND PARK BLVD.	
		83 FT. LAUDERDALE, FL 33334	
		84 City FT. LAUDERDALE	85 Zip Code FL 33334

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 *Vittorio De Frisco* DATE **4/29/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, MORTON L	1.2 NAME	VITTORIO DE FRISCO
STREET ADDRESS	1421 E OAKLAND PK BLVD	1.3 STREET ADDRESS	1421 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, MORTON L	2.2 NAME	FELICIA SCHEFER
STREET ADDRESS	1421 E OAKLAND PK BLVD	2.3 STREET ADDRESS	2 KIPLING DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	GREENLAWN, NY 11740
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 an attachment with an address.

SIGNATURE:

Vittorio De Frisco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97 **561-338-5355**

CR2E034 (9/96)