

3-19-98 B3468 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 505685

1. Corporation Name

ALBERT R. BROWN, D.P.M., P.A.

(8) WE'VE MOVED!

Please note our new address and change your records accordingly.



Principal Place of Business 5800 W ATLANTIC BLVD MARGATE FL 33063 4879 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	Mailing Address 5800 W ATLANTIC BLVD MARGATE FL 33063 5714 GUAVA DRIVE TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/22/1976 4. FEI Number 59-1675189 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
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9. Name and Address of Current Registered Agent BROWN, ALBERT R. 5800 W ATLANTIC BLVD MARGATE FL 33063	10. Name and Address of New Registered Agent BROWN, ALBERT R. 4879 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWN, ALBERT R.	1.2 NAME	BROWN, ALBERT R.
STREET ADDRESS	5800 W ATLANTIC BLVD	1.3 STREET ADDRESS	5714 GUAVA DRIVE
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	VT	2.1 TITLE	VT
NAME	BROWN, ESTHER	2.2 NAME	BROWN, ESTHER
STREET ADDRESS	5800 W ATLANTIC BLVD	2.3 STREET ADDRESS	5714 GUAVA DRIVE
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	S	3.1 TITLE	S
NAME	BROWN, STEVEN DR.	3.2 NAME	BROWN, STEVEN DR.
STREET ADDRESS	5800 W ATLANTIC BLVD	3.3 STREET ADDRESS	5714 GUAVA DRIVE
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Albert R. Brown ALBERT R. BROWN 11/14/98 (954) 971-5850

CR2E034 (10/97)