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Apr 02 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 # 546886 (3)

1. Corporation Name  
STEPHEN R. BROWN & ASSOCIATES INC.



Principal Place of Business  
P. O. BOX 8486  
CORAL SPRINGS FL 33075

Mailing Address  
P. O. BOX 8486  
CORAL SPRINGS FL 33075-8486

3. Date Incorporated or Qualified  
09/01/1977

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business  
21 4320 NW 110<sup>th</sup> COURT  
Suite, Apt. #, etc.  
22  
City & State  
23 CORAL SPRINGS, FL  
Zip  
24 33065  
Country  
25 BROWARD

2a. Mailing Address  
26 4320 NW 110<sup>th</sup> COURT  
Suite, Apt. #, etc.  
27  
City & State  
28 CORAL SPRINGS, FL  
Zip  
29 33065  
Country  
30 BROWARD

4. FEI Number  
59-1868606

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, STEPHEN R.  
4320 N.W. 110TH COURT  
CORAL SPRINGS FL 33065

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
BROWN, STEPHEN R.  
4320 N.W. 110TH COURT  
CORAL SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BROWN, PATRICIA C.  
4320 N.W. 110TH COURT  
CORAL SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
EHLERS, LISA M.  
3025 BARRYMORE COURT  
ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

33065

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

33065

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
BROWN, LISA M.  
3085 BARRYMORE COURT  
ORLANDO, FL 32811

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
ANGELA L. MCLENAGAN  
1764 SPARKLING WATER CIRCLE  
OCOE, FL 34761

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D  
CYNTHIA A. BROWN  
3157 BAYBERRY WAY  
MARGATE, FL 33063

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D  
VICTORIA E. DEPTOL  
2525 NW 99th AVENUE  
CORAL SPRINGS, FL 33065

☐ Change ☒ Addition

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  
STEPHEN R. BROWN

CR2E034 (9/96)