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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **546886**

1. Corporation Name

STEPHEN R. BROWN & ASSOCIATES INC.

Principal Place of Business

4320 NW 110TH COURT
CORAL SPRGS FL 33065
US

Mailing Address

4320 NW 110TH COURT
CORAL SPRGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME **STD
BROWN, STEPHEN R.
STREET ADDRESS 4320 N.W. 110TH COURT
CITY-ST-ZIP CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **PD
BROWN, PATRICIA C.
STREET ADDRESS 4320 N.W. 110TH COURT
CITY-ST-ZIP CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **D
BROWN, LISA M
STREET ADDRESS 1021 S. HIAWASSEE RD., APT. #3911
CITY-ST-ZIP ORLANDO FL**

TITLE ☐ DELETE

NAME **D
MCLENAGAN, ANGELA L
STREET ADDRESS 1764 SPARKLING WATER CIRCLE
CITY-ST-ZIP OCEE FL**

TITLE ☐ DELETE

NAME **D
BROWN, CYNTHIA A
STREET ADDRESS 3157 BAYBERRY WAY
CITY-ST-ZIP MARGATE FL**

TITLE ☐ DELETE

NAME **D
DEPTEL, VICTORIA E
STREET ADDRESS 2421 NW 108 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**6201 WESTGATE DR. APT 1311
ORLANDO, FL 32835**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Stephen R. Brown **STEPHEN R. BROWN** 1-11-99 954 752 6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)