

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 28 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 # 672988 (3)

1. Corporation Name
R.B. BROWN PROPERTIES, INC.

Principal Place of Business
1424 KELSO BLVD
WINDERMERE FL 34786

Mailing Address
1424 KELSO BLVD
WINDERMERE FL 34786-7504



3. Date Incorporated or Qualified 06/10/1980
3a. Date of Last Report 06/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2128055		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, ROBERT B 1424 KELSO BLVD. WINDERMERE FL 34786				81 Name Jacqueline M. Brown			
				82 Street Address (P.O. Box Number is Not Acceptable) 1424 Kelso Blvd.			
				83			
				84 City Windermere FL 85 Zip Code 34786			

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 *Jacqueline M. Brown* DATE 1-8-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BROWN, ROBERT B.				12 NAME			
STREET ADDRESS 1424 KELSO BLVD.				13 STREET ADDRESS			
CITY-ST-ZIP WINDERMERE FL				14 CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> DELETE				2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BROWN, JACQUELINE M.				2.2 NAME Brown, Jacqueline M.			
STREET ADDRESS 1424 KELSO BLVD.				2.3 STREET ADDRESS 1424 Kelso Blvd.			
CITY-ST-ZIP WINDERMERE FL				2.4 CITY-ST-ZIP Windermere, FL 34786			
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: *Jacqueline M. Brown* DATE 1-8-97 (407) 656-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)