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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Flace of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2611 CORRINE DR

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Zip

ORLANDO FL 32903



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 694394

(8)

C/O BRANDON MCHUGH BROWN ORLANDO FL 32803-0006

Mailing Address

P.O. BOX 11006

2a. Mailing Address

City & State

Ζıp

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

BROWN'S INTERIOR FOLIAGE, INC.

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BROWN, BRANDON MCHUGH

2611 CORRINE DR

ORLANDO FL 32803

May 02 Secret				
1 KADANG DAWA BANG BANG GUNA MANG AGAR	B:0 01 8:0 11 111		IN RADA SIAN ABI	
	Achte Biller and	133 W 11	it genes albet salle	
Date Incorporated or Qualified 74. Date of Last Report 07/13/1981 06/17/1996				
07/13/1981 FEI Number	U9/ I	44	Applied For	
59-2107717		ı	Not Applicable	
Certificate of Status Desired			.75 Additional see Required	
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
This corporation has liability for in Florida Statutes	ntangible ta] Yes 🏻	x ur No	nder s. 199.032,	
Name and Address of New Re	gistered A	jeni		
O. Box Number is Not Acceptab	ile)			
····				
		85	Zip Code	

FILED

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, and accept the obligations of Section 607.0505. Florida Statutes

Country

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83 84 Čity

Name

Street Address (P

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4.

5.

6.

B.

10.

SIGNATURE	Styriature: typed or punted name of registered agent and title it applicable	(NC	OTE: Registered Agent signature require		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		RS IN 12
THE	PST	DELETE	1.1 TITLE		☐ Change	Addition
NAME	BROWN, BRANDON M		1.2 NAME			
STREET ADDRESS	2415 ILLINOIS ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			
Tifle		DELETE	21 TITLE		Change	Additio
NAME			2.2 NAME			
STREET AUDRESS			2.3 STREET ADDRESS			
CHY-ST-Z-P			2.4 CITY-ST-ZIP			
THE		DELETE	3.1 TITLE		☐ Change	Additio
NAMÉ			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZP			3.4. CITY-SY-ZIP			
111()		DELETE	4.1 TITLE		Change	Additio
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4 CITY - ST - ZIP			
Tells F		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY+ST-ZIP			
111Lt		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - 2IP			64 City-St-7/P			

14. Ho 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 e-mual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE

4/2-1/97 4079985792 Dayline Phone >