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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715096

1. Corporation Name
BROWN CHARITY FOUNDATION INC.

Principal Place of Business	Mailing Address
6515 COLLINS AVE MIAMI BCH FL 33141 US	6515 COLLINS AVE MIAMI BCH FL 33141

2. Principal Place of Business 21 19505 COLLINS AVE	2a. Mailing Address 26 19505 COLLINS AVE	3. Date Incorporated or Qualified 08/12/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6151063 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI BEACH, FLA	City & State 28 MIAMI BEACH, FLA.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33160 25 USA	Zip / Country 29 33160 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, STANLEY L.
6515 COLLINS AVE
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent

81 Name BROWN, STANLEY L.
82 Street Address (P.O. Box Number is Not Acceptable) 19505 COLLINS AVE
83
84 City MIAMI BEACH FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Stanley L Brown PRES, DATE 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, JACK N 6515 COLLINS AVE MIAMI BCH, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, STANLEY L 6515 COLLINS AVE MIAMI BCH, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, STEVEN M. 6515 COLLINS AVE. MIAMI BCH. FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, GARY L. 6515 COLLINS AVE. MIAMI BCH. FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Stanley L Brown PRES. 3/29/99 305-9317600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)