

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90109 009 ***150.00

DOCUMENT # 804640

1. Corporation Name

FRANCES BREWSTER INC

Principal Place of Business
1100 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483
US

Mailing Address
P.O. BOX 2136
DELRAY BEACH FL 33447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1936

4. FEI Number

14-0524345

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BREWSTER, WILLIAM G.
301 WORTH AVE
PALM BEACH FL 33480

Change to new
Address

10. Name and Address of New Registered Agent

81 Name

William G. Brewster

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

1100 East Atlantic Avenue

83

84 City

Delray Beach

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 601.01 and 601.02, I am familiar with, and accept the

SIGNATURE

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

(Not required for Agent signature required when reinstating)

3/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PM
BREWSTER, WILLIAM G
STREET ADDRESS
1100 E. ATLANTIC AVENUE
CITY-ST-ZIP
DELRAY BEACH FL 33483

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

WILLIAM G. BREWSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

Daytime Phone #

CR2E034 (1/98)

0372392