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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F30956

(9)

NOEL BROWN & ASSOCIATES, INC.

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Principal Place of Business N NOEL S BROWN 10 HOPSON ROAD JACKSONVILLE BEACH FL 32250		10 HOPSON ROA	Mailing Address NOEL S BROWN 10 HOPSON ROAD JACKSONVILLE BEACH FL 32250-2812			TABUNUN MAN AMAN KANDI				
						1			of Last Report 8/1996	
	ace of Business	28. Mailing Addres	SS		······································	4. FEI Number			Applied For	
Suite Apt	# ste	26	ato	····		59-2093798			Not Applicable Additional	
22	H Cisto.	27	oto.			5. Certificate of Status Desired			Required	
City & State	3	City & State			***************************************	6. Election Campaign Financing		\$5.0	O May Be	
3		28				Trust Fund Contribution			d to Fees	
. Zip .1	Country	Zip	F	ountry		8. This corporation has liability for	intangible Yes		r s. 199.032,	
4]	25 9. Name and Address of Cui	29 rrent Registered Agent	30	T-		Florida Statutes 10. Name and Address of New Re				
88	OWN, NOEL S			81	Name		<u>*</u>			
	HOPSON ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
JAC	CKSONVILLE BEACH FL 3229	50								
				83						
				84	City		FL	85 Z	p Code	
agent. Fai SIGNATURE	ls province hyporoxide princed mains of registerior			rèd Age		tion's board of directors. I hereby acceptions board of directors. I hereby acceptions and the second secon	DATE			
NICLE	PVTS	☐ DEL		TITLE	~T			Change		
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NAME	BROWN, CAROLYN		1.2	NAME	1					
ł	10 HOPSON ROAD		- 1		ADDRESS					
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minimation 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 oal fam 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:

CHIRCHEOLYN D. BROWN 4/1/97