

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F81594 (6)

1. Corporation Name
RAY BROWN & ASSOCIATES, INC.

Principal Place of Business 306 S. HOWARD P.O. BOX 23604 TAMPA FL 33623-0604	Mailing Address 306 S. HOWARD P.O. BOX 23604 TAMPA FL 33623-0604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5405 W CRENSHAW ST Suite, Apt. #, etc. 22 City & State 23 TAMPA FL Zip 24 33634		2a. Mailing Address 26 PO BOX 23604 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33634		3. Date Incorporated or Qualified 05/17/1982	
21 5405 W CRENSHAW ST Suite, Apt. #, etc.		26 PO BOX 23604 Suite, Apt. #, etc.		4. FEI Number 59-2201549	
22 City & State 23 TAMPA FL		27 City & State 28 TAMPA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33634		29 33634		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 TAMPA FL		28 TAMPA FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, RAYMOND M 308 HOWARD AVE TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5405 W CRENSHAW 83 84 City TAMPA FL FL 85 Zip Code 33634	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARIE R	1.2 NAME	
STREET ADDRESS	308 SOUTH HOWARD AVE	1.3 STREET ADDRESS	5405 WEST CRENSHAW ST
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33634
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAMELA A	2.2 NAME	
STREET ADDRESS	308 SOUTH HOWARD AVE	2.3 STREET ADDRESS	5405 WEST CRENSHAW ST
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33634
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RAYMOND M	3.2 NAME	
STREET ADDRESS	308 SOUTH HOWARD AVE	3.3 STREET ADDRESS	5405 WEST CRENSHAW ST
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33634
TITLE	EVPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MICHELLE B	4.2 NAME	
STREET ADDRESS	308 S HOWARD AVE	4.3 STREET ADDRESS	5405 WEST CRENSHAW ST
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33634
TITLE		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		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 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: Michelle Brown Morris MICHELLE MORRIS 4-22-98 813-888-6117

CR2E034 (10/97)