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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005519 (1)

BROWN ASHLEY CREEK II, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



225 E. REDWOOD ST BALTIMORE MD 21202		225 E. REDWOOD ST BALTIMORE MD 21202		DO NOT WRITE IN THIS	S SPACE		
· · · · · · · · · · · · · · · · · · ·					 Date Incorporated or Qualified 10/24/1996 		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			52-1852705	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			O Continuate at States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	-1		Trust Fund Contribution	Added to Fees	
Zip	Country 71p		Count	ry	8. This corporation owes or has paid the ci		
24	24 25 29 29 Name and Address of Current Registered Agent			·····	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		and tredistered when	8	i Name	10. Name and Address of New Registered	Agent	
	T CORPORATION SYSTEM		ا	Name			
1200 SOUTH PINE ISLAND ROAD			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
PL	ANTATION FL 33324		8				
			8	3			
			8	4 City		85 Zip Code	
44 0	As Alice and Colored to the Colored	00 1007 4/			Fl	_ '	
office or r	to the provisions at Sections 607.05 r egistered age nt, or both, in the Stat	902 and 607 1508, Florida Stat te of Florida. Such change wa	tules, the abor s authorized t	ve-named cor by the corpora	rporation submits this statement for the purpose	of changing its registered	
agent. I a	im fam iliar with, and accept the obli	gations of, Section 607.0505,	Florida Statute	es.	ation's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	-		· ···				
40	Signature, typed or printed name of registered a			gent signature requ	uired when reinstating) DATE		
12.	PCD	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	PRUGH, JOHN M	□ vaccie	1.1 TITLE			Change Addition	
	225 E. REDWOOD ST		1.2 NAME				
STREET ADDRESS	SALTIMODE MD			1 ADDRESS			
CITY-ST-ZIP TITLE	VD WLIMONE MD	DELETE	1.4 CITY -	ST-ZIP		T &	
	17	ביין מנונונ	2.1 TITLE			Change Addition	
NAME	BANCROFT, PETER E 225 E. REDWOOD ST		2.7 NAME				
STREET ADDRESS	BALTIMORE MD			1 ADDRESS			
CITY-ST-ZIP TITLE	VS	DELETE	2 4 City	·SI · ZIP			
	HALL, TERRY F	LJ Dittie	3.1 TITLE			Change Addition	
NAME DYDEET ADDRESS	225 E. REDWOOD ST		3.2 NAME				
STREET ADDRESS	BALTIMORE MD			1 ADDRESS			
CITY-ST-ZIP TITLE	T T	DELETE	3.4. C(TY -	SI-ZIP		Change	
NAME	GISRIEL, TIMOTHY M	(Deceie	4.1 TITLE			Change Addition	
STREET ADDRESS	225 E. REDWOOD ST		4. 2 NAME				
	BALTIMORE MD			1 ADDRESS			
CITY-ST-ZIP TITLE	GALIMONE MU	DELETE	4.4 CITY-	S1 - ZIP		☐ Change ☐ Addition	
NAME		[] Stitel	5.1 HILE 5.2 NAME			□1 cusude □1 vocition	
STREET ADDRESS				j			
				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP		Change Addition	
NAME		v(tc) t				Change Addition	
			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP I			

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 or an attachment with an address.