

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90045 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000003617
 1. Corporation Name **Brown Design Group, Inc.**

Principal Place of Business: **3099 Washington Rd. Atlanta, Ga. 30344**
 Mailing Address: **P.O. Box 90906 Atlanta, Ga. 30364**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3099 Washington Rd.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Atlanta, Ga.**
 Zip Country
 24 **30344** 25 **Fulton**

2a. Mailing Address
 26 **P.O. Box 90906**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Atlanta, Ga.**
 Zip Country
 29 **30364** 30 **Fulton**

3. Date Incorporated or Qualified

4. FEI Number 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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, Florida 32324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

TITLE	Chairman <input type="checkbox"/> DELETE
NAME	Tarlee W. Brown
STREET ADDRESS	3099 Washington Rd.
CITY-ST-ZIP	Atlanta, Ga. 30344
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE
NAME	Audra Brown-Lambert
STREET ADDRESS	3099 Washington Rd.
CITY-ST-ZIP	Atlanta, Ga. 30344
TITLE	CEO/Treasurer <input type="checkbox"/> DELETE
NAME	Tarlee W. Brown
STREET ADDRESS	3099 Washington Rd.
CITY-ST-ZIP	Atlanta, Ga. 30344
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Audra Brown-Lambert
STREET ADDRESS	3099 Washington Rd.
CITY-ST-ZIP	Atlanta, Ga. 30344

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Tarlee W. Brown *Tarlee W. Brown* **5.5.99** **404/761-6003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)