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

DOCUMENT # F97000006548 (8) 🗝

1. Corporation Name

Principal Place of Business

The Brown Schools, Inc.

Mailing Address

P.O. Box 4008 Austin Tx 78765 P.O. Box 4008 Austin, Tx 78765

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90071 048 ***150.00

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Austin, IX	70705	Austin, IX	7070	J		DO NOT WRITE IN THIS S	SPACE	•
						3. Date Incorporated or Qualifed 12/11/1997		
2. Principal Place of B	usiness	2a. Mailing Address				4. FEI Number	A	Applied For
21		26				74-2842483		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cc	untry	· - -	8. This corporation owes the current year Inta-	ngible	
24	25	29	30			Torognar roparty ram	☐ Yes	∑ No
9. Na	me and Address of Current	Registered Agent		1		10. Name and Address of New Registered A	gent	
CT Corpora	tion System			81	Name			İ
	Pine Island Roa	d		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	, Florida 33324					<u> </u>		
	, , , , , , , , , , , , , , , , , , , ,			83				
				84	City	<u> </u>	85 Zip	Code
11 Durawant to the ea	quinions of Sections 607 0502	and CO7 1508 Florida Statute	oc tha	abovo	named come	ration submits this statement for the purpose of c	hanging it	e registered
office or registered	l agent, or both, in the State of r with, and accept the obligation	i Florida. Such change was au	uthorize	ed by t	the corporation	's board of directors. I hereby accept the appoint	ment as re	egistered
SIGNATURE Signature,	yped or printed name of registered agent a	and title if applicable. (NOTE:	Registere	ed Agent	signature required v	when reinstating) OATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
m್ಟ್ರಾರ್ಟ್ನ PCEO		☐ DELETE	1,1	TITLE			☐ Change	Addition
NAMÉ Lati	mer, Dennis		1.21	NAME	1			
	W. Stassney Lan	e	1.3 3	STREET	ADDRESS			
	in, Texas 78745		1.4 (CITY-ST	-ZIP			
TITLE CFOV		☐ DELETE	2.1	IIILE			☐ Change	☐ Addition
	ing, Gregory J.		2.21	NAME				
STREET ADDRESS 1407	W. Stassney Lan	P	2.3	STREET	ADDRESS			
	in, Texas 78764		2.4	CITY-ST	r-ZIP		-	-
TITLE VGC	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1	TITLE			Change	Addition
	211~~C4272 C +		.321	NAME		الرازان الماسية وكيوا يتوينيه أحماله	سوديث ين	
	ill, Gregg C		3.3 5	STREET	ADDRESS			
1407	W. Stassney Lan			CITY-ST				ł
TITLE AUST	in, Texas 78745	☐ DELETE	_	TITLE			Change	Addition
NAME			4.2	NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	G		- 6	CITY-ST-				
TITLE		☐ DELETE	_	TITLE		····	☐ Change	Addition
NAME			5.21	NAME				
STREET ADDRESS			5.3 9	STREET	ADDRESS			}
CITY-ST-ZIP			5.4 (CITY-ST-	-ZiP			
TITLE		☐ DELETE		TTLE			☐ Change	Addition
NAME			6.2 N	AME			•	_
STREET ADDRESS			6.3 9	TREET /	ADORESS			J
CITY-ST-ZIP			6.4 0	CITY-ST-	-ZIP			1
OH F-ST-ZIF					<u> </u>			

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:

Gregory Herring, CFOV SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR