

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G78850** (6)

1. Corporation Name

MORTON P. BROWN, P.A.

95 JAN 24 AM 10: 09

Principal Place of Business

**1420 BRICKELL AVE
MIAMI FL 33131**

Mailing Address

**1420 BRICKELL AVE
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1984

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2364028

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 19355 Turnberry Way

2a. Mailing Address

26 19355 Turnberry Way

Suite, Apt. #, etc.

22 T.H. 8

Suite, Apt. #, etc.

27 T.H. 8

City & State

23 Aventura, FL

City & State

28 Aventura, FL

Zip

24 33180

Country

25 U.S.A.

Zip

29 33180

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**BROWN, MORTON P.
1420 BRICKELL AVE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
19355 Turnberry Way

83 T.H. 8

84 City
Aventura

FL

85 Zip Code
33180

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN, MORTON P.
STREET ADDRESS	1420 BRICKELL AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	☒ Change ☐ Addition
1.2 NAME	MORTON P. BROWN	
1.3 STREET ADDRESS	19355 Turnberry Way, T.H. 8	
1.4 CITY - ST - ZIP	Aventura, FL 33180	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with no additions.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

MORTON P. BROWN, President

January 18, 1995 (305) 789-

Date

(Anytime) 9243