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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96751

(4)

BROWN AND COLE INCORPORATED

Principal Place of Business	Mailing Address	i ibaliti atti tikita sitisi nadai aliat itali sunis atais atais
P.O. BOX 2575 2000 RIVERVIEW DR.	P.O. BOX 2575 2900 RIVERVIEW DR.	

							3. Date Incorporated or Qualified 04/18/1984		le of Last 1/1996	Report
	Place of Business	2a. Mailing Addr	css				4. FEI Number	_ -	A	pplied For
21		26	<u>-</u>				59-2423508	,		lot Applicable
Suite, Apt	, #, etc.	Suite, Apt. #,	etc.				5. Certificate of Status Desired			Additional lequired
City & Sta	te	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28			···		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		untry	1		8. This corporation has liability for			s. 199.032,
24	25	29	30					Yes [
	9. Name and Address of Curr	rent Registered Agent		-	1		10. Name and Address of New Re	gistered A	\gent	
	.E, DATIS E., JR.			81	Name	'	•			
	O RIVERVIEW DRIVE			82	Street A	Address	s (P.O. Box Number is Not Acceptat)!e)		
MEL	Bourne Fl. 32901			_						
*				83						
				84	City	-		FL	85 Zip	Code
office or agent. I		•					ation submits this statement for the p 's board of directors. I hereby accep	ot the app	ointment a	s registered
	Signature, typed or printed name of registered		(NOTE: Hogistor	***	eni signature	required v		DATE		
12.		AND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	STD BOOME BULLER	or		TITLE					Change	Addition
NAME	BROWN, BILLIE K.			MAM						
STREET ADDRESS	2900 RIVERVIEW DRIVE				I ADDRESS					
CITY-ST-ZIP	MELBOURNE FL			CITY - S	ST-ZIP					[] A (1)22
TITLE	PD -COLE, DATIS E., JR.	DE		TITLE					☐ Change	L_ Addition
	2000 RIVERNIEW DRIVE			NAME						
STREET ADDRESS	MELBOURNE FL				ADDRESS					
CITY-ST-ZIP	MEDDOURIE FL	DE		ÇIIY-: IITLE	ST-ZIP				Change	Addition
NAME	· ·	Lad Di			1				onenge	FT vanigai
			1 ·	NAME Stores	LINDOLOO					
STREET ADDRESS		•			LADDRESS					
CITY-ST-ZIP		DE		CHY.	\$1-7(P	 -			Change	Addition
NAME		L 100	P ***	NAME						FT CONTION
STREET ADDRESS			1		I ADDRESS	1				
					S1-ZIP					
CITY-ST-ZIP TITLE		□ Di		mile Tille	31 - £IF	ļ			Change	Addilion
NAME				NAME	ļ]				
STREET ADDRESS					T ADDRESS	1				
CITY-ST-ZIP					ST-7IP	}				
TITLE		DI DI		THE		 -			Change	Addition
NAME			_ ···	NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					S1 - 71P					
	by cartify that the information supr	blied with this filing does				tated in	Section 119.07(3)(i), Florida Statute	s I further	cortify the	nt the

14. I do 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.

CIONATURE.

1000 (V.B.

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FILED

May 06 1997 8:00am

Secretary of State