FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **H52716** **(8)**

1. Corporation Name

K.W. BROWN & COMPANY

Principal Place of Business	Mailing Address
6699 N. FEDERAL HWY STE 100 BOCA RATON FL 33487 US	6699 N. FEDERAL HWY STE. 100 BOCA RATON FL 33487 US

2. Principal Place of Business 21 900 N. Federal Hwy Suite, Apt. #, etc 22 410 City & State 23 Boca Raton, FL Zip 24 33432 Country 25 US	2a. Mailing Address 26 Same Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **04/17/1985**
3a. Date of Last Report: **06/23/1995**
4. FEI Number: **59-2791290** ☐ 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

9. **Name and Address of Current Registered Agent**

BROWN, KENNETH W.
9 INLET CAY
OCEAN RIDGE FL 33435

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, KENNETH W.		1.2 NAME	
STREET ADDRESS	9 INLET CAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-ST-ZIP	
TITLE	PDS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WENDY		2.2 NAME	
STREET ADDRESS	9 INLETCAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(3)(k), 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.

SIGNATURE: Wendy E Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

407-347-0909
Daytime Phone #