

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

FILED

Apr 21 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J20157** (0)

1. Corporation Name  
**FRED BROWN, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>201 NE 15TH TERR<br/>ROOM 201<br/>DEERFIELD BCH FL 33443-0974<br/>7309 Dover Lane<br/>Parkland, FL 33067</b> | Mailing Address<br><b>P. O. BOX 974<br/>ROOM 201<br/>DEERFIELD BCH. FL 33443-0974<br/>US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/19/1986</b> | 3a. Date of Last Report<br><b>04/30/1996</b> |
|--|--|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2694524</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | Zip<br><b>29</b>  | Country<br><b>30</b>                                   |

9. Name and Address of Current Registered Agent

**BARTOSZEK, ANDREW**  
**201 NE 15TH TERR ROOM 201**  
**DEERFIELD BEACH FL 33443**  
**7309 Dover Lane**  
**Parkland, FL**  
**33067**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>VTD</b>                            | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BARTOSZEK, ANDREW</b>               |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>201 NE 15TH TERR #P</b>   |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>DEERFIELD BEACH FL 33443</b> |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 2.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 3.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 4.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 5.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 6.2 NAME  |   |
| STREET ADDRESS                                 |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                    |                                 | 6.4 CITY-ST-ZIP                                       |   |

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.

SIGNATURE: Andrew Bartoszek **ANDREW BARTOSZEK** 4/10/97 964/752-3336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)