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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J20157 1. Corporation Name

FRED BROWN, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90025 039 ***150.00



D.: : -1.0:	(O. sieces	Mailing Address					
Principal Place of Business		·					
7309 DOVER LN		7309 DOVER LN ROOM 201					
PARKLAND FL 33067 US		PARKLAND FL 33067		DO NOT WRITE IN THIS SPACE			
00		US			Date Incorporated or Qua	lifed	1
					06/19/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		opplied For
21		26			59-2694524		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire		Additional
22		27			3. Command of Sanda 2-32	Fee F	Required
City & State	e	City & State			6. Election Campaign Finan	- 11	May Be
23		28			Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	Cou	ntry	This corporation owes the		
24	25	29	30		Personal Property Tax.	Yes	□No
	Name and Address of Curr	ent Registered Agent			10. Name and Address of N	lew Registered Agent	
				81 Name			
	TOSZEK, ANDREW			82 Street Add	ress (P.O. Box Number is Not Ac	ceptable)	
	DOVER LANE					The second secon	
PARI	KLAND FL 33067			83		5年,从诸是美国	第二部第二
				84 City	5 2 2 2	85 Zir	Code
	to the provisions of Sections 607.0					FL S	
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affina ar r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	gations of, Section 607.0505,	rionga Stati	ites.		DATE	
office or n agent. I a SIGNATURE	im familiar with, and accept the obli-	gations of, Section 607.0505,	OTE: Registered	ites.	ed when reinstating)	DATE	
office or n agent. I a SIGNATURE 12.	m familiar with, and accept the obli- Signature, typed or printed name of registered of OFFICERS.	gations of, Section 607.0505,	rionga Stati	Agent signature require	ed when reinstating)		ORS IN 12
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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.

6.4 CITY-ST-ZIP

954 752 3336