

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

DOCUMENT # J49286 (4)

1. Corporation Name
P. BROWN INC.



Principal Place of Business Mailing Address
P O BOX 58083 P O BOX 58083
TIERRA TIERRA VERDE FL 33715 TIERRA TIERRA VERDE FL 33715

3. Date Incorporated or Qualified 12/30/1986 3a. Date of Last Report 02/24/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2771577 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, PATRICIA F
5036 SANDPIPER LANE S
P O BOX 58083
ST PETERSBURG FL 33711

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State FL	85 Zip Code
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	5036 SANDPIPER LANE S	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	ST PETERSBURG FL	2.1 TITLE	2.2 NAME
TITLE	DVS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	BROWN, STANFORD M.	3.1 TITLE	3.2 NAME
STREET ADDRESS	5036 SANDPIPER LANE S	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	ST PETERSBURG FL	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
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 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: Patricia F. Brown PATRICIA F. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 813/864-9414

Date

Daytime Phone #

CP2E034 (12/95)