

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

P O BOX 58083
33715A VERDE FL 33715
US

Mailing Address

P O BOX 58083
33715A VERDE FL 33715
US

FILED

97 AUG -5 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/30/1986	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2771577	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5036 Sandpiper Ln. S. Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33711 Country 25 USA	2a. Mailing Address 26 5036 Sandpiper Ln. S. Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33711 Country 30 USA
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9. Name and Address of Current Registered Agent

BROWN, PATRICIA F
5036 SANDPIPER LANE S
ST PETERSBURG FL 33711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BROWN, PATRICIA F.	
STREET ADDRESS	5036 SANDPIPER LANE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BROWN, STANFORD M.	
STREET ADDRESS	5036 SANDPIPER LANE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002262029--3
1.3 STREET ADDRESS	-08/08/97--01108--017
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Patricia F. Brown

8-1-97

813-864-9414

CR2E034 (4/97)

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BROWN

**5036 Sandpiper Lane S.
St. Petersburg, FL 33711**

**Phone: 813-864-9414
Fax: 813-864-3410**

August 1, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P. Brown, Inc. 59-2771577
SMB Leasing, inc. 59-2771580

Dear Madam or Sir:

I have just received a 2nd notice for filing the 1997 Profit Corporation Annual Report for the above-referenced corporations. I never received a 1st notice for either corporation.

For this reason, and upon instructions from someone in your office (Debbie?) today, I am enclosing the standard fee of \$165 for each corporation.

I shall appreciate your waiving the late fee in view of the circumstances. Thank you.

Sincerely yours,



Patricia F. Brown
President, P. Brown, Inc.
Vice-President, SMB Leasing, Inc.