

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J77370

1. Corporation Name

KENNETH N. BROWER & ASSOCIATES, INC.

Principal Place of Business

2455 E. SUNRISE BLVD.
804
FT LAUDERDALE FL 33304

Mailing Address

3200 NORTH OCEAN BLVD.
#1002
FT LAUDERDALE FL 33308

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90028 022 ****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1987

4. FEI Number

59-2817763

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWER, KENNETH N.

2841 TIMBERCREEK CIRCLE

BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

DELETE

NAME

BROWER, KENNETH N.

STREET ADDRESS

3200 NORTH OCEAN BLVD., #1002

CITY-ST-ZIP

FT LAUDERDALE FL 33308

TITLE

S/T

DELETE

NAME

BROWER, SHEILA

STREET ADDRESS

3200 NORTH OCEAN BLVD., #1002

CITY-ST-ZIP

FT LAUDERDALE FL 33308

TITLE

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5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: *Kenneth N. Brower* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99

(954) 375-1101

CR2E034 (11/98)