

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85084 (8)
1. Corporation Name
CAROL BROWN, INC.

Principal Place of Business
12425-B NE 13TH AVE.
NORTH MIAMI FL 33161

Mailing Address
101 W. DILDO DR
MIAMI BEACH FL 33139
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1 Century Lane	07/31/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		# 308		59-2836806	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		Miami Beach, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24		29	33139		
25	Country	30	USA		

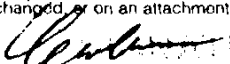
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROWN, CAROL 12425-B NE 13TH AVE. NORTH MIAMI FL 33161		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, CAROL	1.2 NAME	
STREET ADDRESS	12425-B NE 13TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, PETER	2.2 NAME	
STREET ADDRESS	101 W. DIXIE DR.	2.3 STREET ADDRESS	1 Century Lane
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:  CAROL K. BROWN, 4/14/98 (308) 899-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0198648

CR2E034 (10/97)