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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

J85420

(4)

Mailing Address

EARLE B. BROWN AND ASSOCIATES, INC.

FILED Apr 20 1998 8:00am Secretary of State



C/O INVESTOR RELATION CONSULTANTS, INC. 2907 STATE ROAD 590. SUITE 22 M 34819-9532		C/O INVESTOR RELATION CONSULTANTS. INC. 2807 STATE ROAD 590. SUITE 22 M 34619-9532		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 08/03/1987		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 3915 S.R. 590, SUITE 20 26 3915 S.R. 59			390.5	ti ras	10	59-2959211		Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	WIIC.	20		60.75	Additional
27					_		Fee F	DeriupeF
 			5 F/			6. Election Campaign Financing		О Мау Ве
23 CLEARWATER, FL 28 CLEARWATER,			Country					to Fees
1 "' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7		8. This corporation owes or has paid	the current year fr	ntangible X No
24 3375 9 - 35 3 3 25 29 3375 9 35 3 30 9, Name and Address of Current Registered Agent					Personal Property Tax due June 3 10. Name and Address of New Regi.		NO NO	
		legistorou Agent	81	Name		IU, Hallis and Address of New York	atorou Agent	
BROWN, EARLE B.				J				
1 27		82	Street	Addres	ss (P.O. Box Number is Not Acceptable			
-Palm Harbor Fl. 3468 3.				0	9 / 4	4 CRYSTAL CIRC	<u> </u>	
			63	1				Ī
			84	City).		50.4/	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-named	1 NC	ration submits this statement for the pur		its registered
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 (NOT). Registered Agent signature required when reinstating). DATE								
12.	OFFICERS AND		13.	ary argita.or	e required	ADDITIONS/CHANGES TO OFFICE		IRS IN 12
TITLE	POT	☐ DELETE	1,1 TITLE		PD	T	Change	Addition
NAME	BROWN, EARLE B.	—	1.2 NAME		Ro	OULD EARLE B		
STREET ADDRESS	-1441-GLENVIEW-ROAD			r address	2/1	124 CRUSTAL GREVE		
CITY-ST-ZIP	PALM HARBOR FL		1.5 STACE		20	OWN, EARLE B 74 CRYSTAL GRELS NEDIN, FL 346	98	
TITLE	THEM INVESTIGE	DELETE	2.1 TITL€	SI-ZIF	אע	N2011, F.C. 316	Change	Addition
NAME			2.2 NAME		1			
STREET ADDRESS			2.3 STREET	ADDDECC				
CITY-ST-ZIP			2.4 CITY-					
TITLE		DELETE	3.1 TITLE	QT-ZIF	 		Change	Addition
NAME		_	3.2 NAME		1			
STREET ADDRESS			3.3 STREET	. ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE		DELETE	4.1 TITLE	31-21	├		Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET		İ			
CITY-ST-ZIP								
TITLE	-	DELETE	4.4 CITY - 5 5.1 TITLE	21 - 24	+		Change	☐ Addition
NAME			5.2 NAME		<u> </u>			
STREET ADDRESS			5.3 STREET	AUDDEGG				
					ĺ			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE) I - ZIP	 		☐ Change	Addition
NAME		El percie	6.2 NAME				0.a.ngo	
i i			1	*DDDCCC	1			
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	serlify that the information supplied with	this filing does not qualify for	6.4 City - S		ed in Sc	ection 119.07(3)(i), Florida Statutes. I fu	other certify that th	e 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 attach political abundances.								