

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90125 050 ***150.00

DOCUMENT # M01123

1. Corporation Name

LAW OFFICES LUKE S. BROWN PROFESSIONAL ASSOCIATI
ON

Principal Place of Business

1040 BAYVIEW DR
STE 610
FT LAUDERDALE FL 33304
US

Mailing Address

1040 BAYVIEW DR
STE 610
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

21 1400 Village Square Blvd
(Suite) Apt. #, etc.
3-329

22 City & State
Tallahassee FL

24 Zip 32312 25 Country Leon

2a. Mailing Address

26 1400 Village Square Blvd
(Suite) Apt. #, etc.
3-329

27 City & State
Tallahassee FL

29 Zip 32312 30 Country Leon

9. Name and Address of Current Registered Agent

BROWN, LUKE S.
4111 EAST BROWARD BLVD.
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

05/31/1984

4. FEI Number

59-2436617

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

10. Name and Address of New Registered Agent

81 Name Luke S Brown

82 Street Address (P.O. Box Number is Not Acceptable)
1400 Village Square Blvd, #3-329

83

84 City Tallahassee FL 85 Zip Code 32312

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 DP
NAME BROWN, LUKE S.
STREET ADDRESS 1040 BAYVIEW DR, STE 610
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Luke S Brown
1.3 STREET ADDRESS 1400 Village Square Blvd, #3-329
1.4 CITY-ST-ZIP Tallahassee, FL 32312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: LUKE S. BROWN

4/30/99

850-668-2256

Daytime Phone #

CR2E034 (1/98)