FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M46829** **(1)**

1. Corporate Name
ROBERT BRADFORD BROWNE ARCHITECTS, INC.

Principal Place of Business
3310 PONCE DE LEON BLVD., #270
CORAL GABLES FL 33134

Mailing Address
3310 PONCE DE LEON BLVD., #270
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/18/1987**
3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-2790151** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Limited Partnership (Domestic) Only Florida Certificate ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWNE, SALLY ANN
3310 PONCE DE LEON BLVD., #270
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.1622 (2) Florida Statutes, this document also constitutes notice of the address of the registered office and the name of the registered agent of the above corporation as changed effective on the date this document was filed by the Department of State.

Sally Ann Browne 3/1/95
Signature Date

12. OFFICER(S) AND DIRECTOR(S)

DPT
BROWNE, SALLY ANN
3539 POINCIANA AVE.
MIAMI FL
VS
JUNKIN, JOHN E.
638 SAN LORENZO
CORAL GABLES FL

13. ADDITIONAL OFFICER(S) AND DIRECTOR(S)

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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: Sally Ann Browne 3/1/95 (305) 445-1502
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
SALLY ANN BROWNE

0141976 CP