

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M46829** (1)

1. Corporation Name

ROBERT BRADFORD BROWNE ARCHITECTS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

02/18/1987

3a. Date of Last Report

05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2790151

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24

25

29

30

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of person making this statement and the applicable

12. Registered Agent signature required when registering

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
**DPT
BROWNE, SALLY ANN
3539 POINCIANA AVE.
MIAMI FL**

2. TITLE ☐ DELETE

NAME
**VS
JUNKIN, JOHN E.
638 SAN LORENZO
CORAL GABLES FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Sally Ann Browne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY ANN BROWNE

2-12-96

DATE

EXPIRATION DATE

**305
4451502**

CR2E034 (12/95)