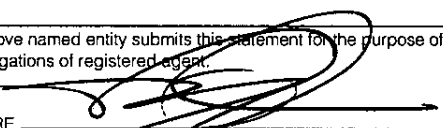
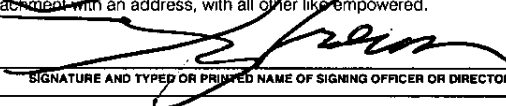


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90007 007 ****61.25

DOCUMENT # N99000003608 1. Entity Name THE BROWN FAMILY FOUNDATION, INC.					
Principal Place of Business 4401 NW 124 AVE POMPANO BEACH, FL 33065			Mailing Address 4401 NW 124 AVE 866 NE 20 AVE POMPANO BEACH, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL SPRINGS		City & State CORAL SPRINGS		4. FEI Number 65-0960920	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAHN & WAXMAN, P.A. 4401 NW 124 AVE BOCA RATON, FL 33431			Name GARY BROWN Street Address (P.O. Box Number is Not Acceptable) 4401 NW 124 AVE City CORAL SPRINGS FL Zip Code 33065		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 2-16-04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	BROWN, GARY N		NAME		
STREET ADDRESS	4401 NW 124 AVE		STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY - ST - ZIP	POMPANO BEACH, FL 33065		CITY - ST - ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	BROWN, TONI		NAME		
STREET ADDRESS	4401 NW 124 AVE		STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY - ST - ZIP	POMPANO BEACH, FL 33065		CITY - ST - ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEINBERG, RON		NAME		
STREET ADDRESS	9400 SEA TURTLE MANOR		STREET ADDRESS		
CITY - ST - ZIP	PLANTATION, FL 33324		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 2-16-04 Daytime Phone # 954-323 0070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					