FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:43

DOCUMENT # **P92000001459 (6)**

1. Corporation Name
BROWNING HOLDING, INC.

Principal Place of Business	Mailing Address
GLADES BLDG., SUITE 303 877 EXECUTIVE CENTER DR. W. ST. PETERSBURG FL 33702	C/O ERNEST L. MASCARA POST OFFICE BOX 22095 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1992**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3148989** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DRIVE WEST
SUITE 303
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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: _____ **ERNEST L. MASCARA** **3/12/95**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	ABDURRAHIM, IMAM	12 NAME	
STREET ADDRESS	355 BROWNING PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO CA N2K -3S3	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	GRESPAN, PAUL E	22 NAME	
STREET ADDRESS	230 OLD CHICOPEE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	KITCHENER, ONTARIO CA N2G -3W6	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MASCARA, ERNEST	32 NAME	
STREET ADDRESS	877 EXECUTIVE CENTER DR. W. #303	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PETERS, MCKAY	42 NAME	
STREET ADDRESS	6294 BAHIA DEL MAR UNIT #113-N	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added on an attachment with an "X" in Block

SIGNATURE: _____ **3/12/95** **(813) 555-5550**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0812101 CP