FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000042465 (3) DOCUMENT #

BROWN REFERRALS, INC.

FILED Apr 16 1998 8:00am Secretary of State



B1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75	Mailing Address				{	DIM 11010 03018 01181 0311 3081
Principal Place of Business		Mailing Address					
202 SOUTH ATLANTIC AVENUE ORMOND BEACH FL 32176		202 South Atlantic Avenue Ormond Beach FL 32176				DO NOT WRITE IN THIS	* CDACE
						3. Date Incorporated or Qualified	101 AGE
						06/10/1993	
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Applied For
21		26				59-3189030	Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count			8. This corporation owes or has paid the cu	
24	25	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	
1000	g. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered	Agoin
	IL, E J			"	Mairie		
	SOUTH ATLANTIC AVENUE	8:		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
ORI	MOND BEACH FL 32176			-			
				83			
				84	City	FI	85 Zip Code
44 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the at					e-pamed cor	rporation submits this statement for the purpose	of changing its registered
11, Pursuant to the provisions of Soctions 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE On the control of the control							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE			1.1 TO	TLE			Change Addition
NAME	WEIL, E J		1.2 N	1.2 NAME			
STREET ADDRESS	202 S. ATLANTIC AVE.	1.3		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 C		7 - ZIP		
TITLE			211	TLE			Change Addition
NAME			22 N	2.2 NAME			
STREET ADDRESS			238		ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZI		ST-ZIP		
TITLE		☐ DELE T É	3.1 TI	3.1 TITLE			Change Addition
NAME			32 N	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE				TLE			Change Addition
NAME	4.3		4.21	AME			
STREET ADDRESS	ESS 4.3		4.3 S	TREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-		7-ZIP		
TITLE		DELETE	5.1 TI				Change Addition
NAME			5.2 NAME				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				5.4 CITY-S1-ZIP			
TITLE			_	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP				İ
VIII-01-01					: <u></u>		

14. Thereby 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 attacher. 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 attacher.

11/4/00