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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042465

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90012 030 ***150.00

BROWN	REFERRALS, INC.								
Principal Place	e of Business	Mailing Address				# INDITIONAL CONTRACTOR OF A STATE OF A STAT			8
202 SOUTH ATLANTIC AVENUE 202 SOUTH ATLANTIC AVE ORMOND BEACH FL 32176 ORMOND BEACH FL 32176						DO NOT WOLLE	IN THE	CDACE	
						DO NOT WRITE 3. Date Incorporated or Qualifed	IN IRIS	3FAUL	
						06/10/1993 4. FEI Number			plied For
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21		26 Cuito Ant # ata				59-3189030			Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired]	-	equired
22 City & State		City & State ~				5 Floation Compaign Financing			May Be
	e	<u> </u>			6. Election Campaign Financing Trust Fund Contribution		•	to Fees	
Zip	Country	28	C	ountry		8. This corporation owes the current	t vear Inta	_	
	25	29	30	J 2 ,		Personal Property Tax.	. your ma	Yes	□No
24	9. Name and Address of Currer		100	1		10. Name and Address of New Reg	istered /	Agent	
	5. Name and Address of Corre	tt registered regent		81	Name				
WEIL	., E J								
	SOUTH ATLANTIC AVENUE			82	Street Ad	ldress (P.O. Box Number is Not Acceptable	e)		ł
	IOND BEACH FL 32176			83					
,								T- 1	
Ī				84	City		FL	85 Zip	Code
								obonaina ita	registered
44 Pursuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statu	tes the	above	e-named co	rporation submits this statement for the pu	irpose or	cnanging is	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	autnoriz	ed by I	tne corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept t	he appoir	ntment as re	gistered
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14. 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 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, with all other like empowered.

SIGNATURE: