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 APR -7 PM 12:01

DOCUMENT # **P93000047630 (7)**

1. Corporation Name
WILLIAM BROWN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15321 SOUTH DIXIE HIGHWAY SUITE 301-B MIAMI FL 33157	P O. BOX 1685 MIAMI FL 33256 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 19185 So. Dixie Hwy
Suite, Apt. #, etc. 22
City & State 23 Miami FLA
Zip 24 33157 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 1685
Suite, Apt. #, etc. 27
City & State 28 Miami, FL
Zip 29 33256 Country 30 U.S.A.

4. FEI Number: 65-0432743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOFSKY, MARTIN B
1533 SUNSET DRIVE
SUITE 225
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name: J.B. McLAUGHLIN
82 Street Address (P.O. Box Number is Not Acceptable): 17200 S.W. 112 AVE.
83: MIAMI, FL.
84 City: FL 85 Zip Code: 33157

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: J.B. McLaughlin 3/21/95
(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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILLIAM R	1.2 NAME		
STREET ADDRESS	15321 SOUTH DIXIE HWY., SUITE 301-B	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: William R Brown / William R BROWN 3-22-95 (305) 254-7334
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431710 FF