FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

CITY-ST-ZIP

DIVISION OF CORPORATIONS P93000047630 (7)

WILLIAM BROWN & ASSOCIATES, INC.

Principal Place		Mailing Address						3111 ES111 SE111 S		1444 dien 8841 (881
19185 S. D		P O. BOX 1685								
SUITE 301- MIAMI FL 3		MIAMI FL 33256 US								
US	NIO	US			-	Date Incom	norsted or Oustified	20 Data	of Look F	Donord
					"	06/28	porated or Qualified / 1993	3a. Date	4/07/1	995
2. Principal Pla	ace of Business	2a. Mailing Address			4	. FE! Numbe				Applied For
21		26				65-()432743		1	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				Cortificate	of Status Danisad			5 Additional
Cd. 9 Chart		27 P. O. BOX	THE PERSON NAMED IN COLUMN 1			I DE COMPONICIO DI STATUS DESMECLI II				Required
ি City & State		City & State	<i>.</i> .		6.		impaign Financing		\$5.0	0 May Be
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Zβ [4]	Country	Zip	Cou	•	8.		ration has liability for		under s	199.032,
"]	25 9. Name and Address of Cu	29 33256	30 4	S A		Florida Sta		s 🔲 No		
	e, mand and radious of or	THE REGISTER AND ILL		81 Name		. Name and	Address of New	Registered A	gent	
MCLAL	IGHLIN, J. B			Name	•					
	SW 113 AVE.			82 Street	Address (F	O. Box Nun	nber is Not Accepta	ble)		- v.
SUITE				83				 		
MAMI	FL 33157			83						
				84 City					85 Zı	p Code
11 Durament to	the provisions of Casting 207	2000 - 1002 4500 5						FL	1 1	
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of n, and accept the obligations of	502 and 607,1506, Fighga Stat Florida. Such change was autho	utes, the abo rized by the c	ve named co orporation's	orporation : s board of c	submits this : directors I be	statement for the pu	rpose of char	nging its r	registered office
familiar witi	n, and accept the obligations of	Section 607.0505, Florida Statut	es.				est association app	OTHER DOT	egistered	agoni. Fam
SIGNATURE .	sain kasara Milan a									
12.	Signature: Sysed or pretert hame of registered.	AND DIRECTORS	NOTE Registered	Agent signature i	required when r			DATE		
ner. Nille	D	DELETE	13.	T) E	Т		/CHANGES TO OF			
NAME:	BROWN, WILLIAM R		12 NA		Will	iam R	, Brown	¥ / ا	Change	☐ Addition
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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)(k). 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 cath; 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 & Brown 1.22-96

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DELETED DATE DELETED DE

6.3 STREET ADDRESS

6 4 CITY - ST- ZIP