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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000048459 (0)

1. Corporation Name:

THOMAS BROWN CORPORATION



Principal Place of Business:

19575 N.W. 32ND COURT
MIAMI FL 33056

Mailing Address:

19575 N.W. 32ND COURT
MIAMI FL 33056-2305

2. Principal Place of Business:

21 19575 N.W. 32nd Ct.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33055 25 Country

2a. Mailing Address:

26 19575 N.W. 32nd Ct.

Suite, Apt. #, etc.

27 City & State

28 Miami FL

29 Zip 33055 30 Country

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

05/09/1996

4. FEI Number

65-0419933

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 Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, THOMAS
19575 N.W. 32ND COURT
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name

BROWN, THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)

19575 N.W. 32nd COURT

83

84 City

Miami

FL

85 Zip Code

33055

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

Thomas Brown

Signature, typed or printed name of registered agent, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BROWN, THOMAS
STREET ADDRESS 19575 N.W. 32ND COURT
CITY - ST - ZIP MIAMI FL 33056

TITLE TS ☐ DELETE
NAME BROWN, WILLA
STREET ADDRESS 19575 NW 32 CT
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BROWN, THOMAS
1.3 STREET ADDRESS 19575 N.W. 32nd CT
1.4 CITY - ST - ZIP MIAMI, FL 33055-2305

2.1 TITLE TS ☒ Change ☐ Addition
2.2 NAME BROWN, WILLA
2.3 STREET ADDRESS 19575 N.W. 32nd CT
2.4 CITY - ST - ZIP MIAMI, FL 33055-2305

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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

SIGNATURE:

Thomas Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 (305) 621-4100
Date Daytime Phone: #

CR2E034 (9/96)