Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90004 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088516

1. Corporation Name

CARLA L. BROWN, P.A.

	e of Business	Mailing Address			Ī			
301 CLEMATIS	ST	301 CLEMATIS ST						
SUITE 203		SUITE 203		DO NOT WRITE IN THIS SPACE				
W PALM BEACH FL 33401		W PALM BEACH FL 33401				SPACE		
US		US			 Date Incorporated or Qualife 12/17/1993 	eu Die		
		A BE-DI Buldana			12/11/1993 4. FEI Number		I An	plied For
		2a. Mailing Address	,		65-0454642		→	t Applicable
21		Suite, Apt. #, etc.			05-0454042		\$8.75	
Suite, Apt. #, etc.		 1		5. Certificate of Status Desired		Fee Re		
22		City & State					\$5.00	
City & State		⊢ ′		Election Campaign Financin Trust Fund Contribution	g 🗆	Added 1	*	
23 Zip	Country	28 Zip	Country	1	8. This corporation owes the co	rrent vear Inta		.01000
	— · ·	├ ─ '	30	,	Personal Property Tax.	Jireni year ina	Yes	□No
24	9. Name and Address of Current		30		10. Name and Address of Nev	v Registered A		
 	9. Name and Address of Current		81	Name	10. 110.110			
BRO	WN, CARLA L	and in the first						
	CLEMATIS ST		82	Street Add	Iress (P.O. Box Number is Not Acce.	ptable)		
			83		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Charles of Access	<u> かんぱっ ハン・</u> 初記 (214) 新日 :	18.6 No 186
Suite 203 W Palm Beach FL 33401			03	<u> </u>				
** 1			84	City	14. T	FI	85 Zip	
con processing	4#	14		<u> </u>			1 i ita	intored
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statute: Florida, Such change was au	s, the abov thorized by	e-named con the corporati	poration submits this statement for ti jon's board of directors. I hereby acc	ept the appoin	changing its itment as re	gistered
≕ ≃agent: I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	3.	•	•		
SIGNATURE		S						
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			nt signature requir	ed when reinstating).	DATE	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	OFFICERS ANI	D DIRECTO ☐ Change	RS IN 12
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CITY-ST-ZIP 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 on an attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP