FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000001884 (3)**

1. Corporation Name
BROWNKNOWS, INC.

Principal Place of Business	Mailing Address
% 2101 N. ANDREWS AVE. SUITE 200 FORT LAUDERDALE FL 33311	% 2101 N. ANDREWS AVE. SUITE 200 FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1111 East Broward Blvd	26 1111 East Broward Blvd
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

4. FEI Number ~~APPLIED FOR~~ 65-0596810 ☐ 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, LUKE S
2101 N. ANDREWS AVE., SUITE 200
FT. LAUDERDALE FL 33311

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	BROWN, LUKE S	
STREET ADDRESS	% 2101 N. ANDREWS AVE., SUITE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	DVS	☐ DELETE
NAME	BROWN, DORIAN L	
STREET ADDRESS	% 2101 N. ANDREWS AVE., SUITE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1111 East Broward Boulevard	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1111 East Broward Boulevard	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	500001888635	☐ Change ☐ Addition
4.2 NAME	-07/09/96--01125--053	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE	300001888639	☐ Change ☐ Addition
5.2 NAME	-07/09/96--01125--052	
5.3 STREET ADDRESS	***25.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	7/9/96	

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 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: Luke Brown LUKE S. BROWN 4/30/96 (954)523-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)