

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

0282435

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90169 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000001884

1. Corporation Name
BROWNKNOVS, INC.

Principal Place of Business
**1040 BAYVIEW DR
STE 610
FORT LAUDERDALE FL 33304
US**

Mailing Address
**1040 BAYVIEW DR
STE 610
FORT LAUDERDALE FL 33304
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1994	4. FEI Number 65-0586870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1400 Village Square Blvd Suite, Apt. #, etc. 22 3-329 City & State 23 Tallahassee, FL Zip 24 32312 Country 25 Leon	2a. Mailing Address 26 1400 Village Square Blvd Suite, Apt. #, etc. 27 3-329 City & State 28 Tallahassee, FL Zip 29 32312 Country 30 Leon
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9. Name and Address of Current Registered Agent

**BROWN, LUKE S
1111 E BROWARD BLVD
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name LUKE S. Brown	85 Zip Code 32312
82 Street Address (P.O. Box Number is Not Acceptable) 1400 Village Square Blvd, 3-329	
83	
84 City Tallahassee	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LUKE S	1.2 NAME	LUKE S. Brown
STREET ADDRESS	1040 BAYVIEW DR, STE 610	1.3 STREET ADDRESS	1400 Village Square Blvd # 3-329
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DORIAN L	2.2 NAME	Dorian L. Brown
STREET ADDRESS	1040 BAYVIEW DR, STE 610	2.3 STREET ADDRESS	1400 Village Square Blvd # 3-329
CITY-ST-ZIP	FT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LUKE S. BROWN

4/30/99 **850-668-2256**
Date Daytime Phone #

CR2E034 (11/98)