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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18 1998 8:00am Secretary of State

P94000056540 (5) **DOCUMENT #** HAROLD C. BROWN PROPERTIES, INC. Principal Place of Business Mailing Address 528 CLEMATIS ST. 528 CLEMATIS ST WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1994 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 65-0511316 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, HAROLD C **528 CLEMATISA STREET** Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33401 83 **B4** City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition Change TITLE 1 1 1(T) F BROWN, HAROLD C NAME 12 NAME 528 CLEMATIS ST. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33402 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change ☐ Addition TITLE 2.1 T(TL€ SEWELL, WORLEY L JR. NAME 2.2 NAME **528 CLEMATIS ST** STREET ADDRESS 2.3 STREET ADDRESS WPB FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP DELETE ☐ Change Addition TITLE 51 TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE □ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 1 6.4 CITY-ST-ZIP 1 6.4 CITY-ST-ZIP 1 6.4 CITY-ST-ZIP 1 1.4. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE:

BE AND TYPE OF PRINTED MANE OF STONING OFFICER OF

Dadime Phone # 0309760

CRZEC