

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000057216 (1)

1. Corporation Name

DEL BROWN ENTERPRISES, INC.

Principal Place of Business

405 S.W. DALTON CIRCLE
PORT ST. LUCIE FL 34953

Mailing Address

405 S.W. DALTON CIRCLE
PORT ST. LUCIE FL 34953



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

05/15/1995

4. FEI Number

65-0509813

Applied For

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

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 date of acceptance

NOTE: Registered Agent's signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

0

BROWN, DELMAR
405 S.W. DALTON CIRCLE
PORT ST. LUCIE FL 34953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Add on

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Add on

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Add on

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Add on

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Add on

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Add on

100001831621
-05/21/96--01039--037
***200.00

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 amendment with an address.

SIGNATURE:

Delmar L Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

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Original Filing #

CR2E034 (12/95)