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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003450 (0)

BROWN'S TOOL & DIE, INC. Principal Place of Business Mailing Address 15718 WOODGATE PLACE SUNRISE FL 33326 15718 WOODGATE PLACE SUNRISE FL 33326-2157 Date Incorporated or Qualified 3. Date of Last Report

FILED Apr 25 1997 8:00am Secretary of State



					01/12/1995	03/19/1996	ероп
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0550379	├─	oplied For ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	SR 75 Additional		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curre	ent Registered Agent		.,	10. Name and Address of New Re	gistered Agent	
	WN, WALTER		81	Name			
	18 WOODGATE PLACE		82 Street Add		oddress (P.O. Box Number is Not Acceptable)		
SUN	RISE FL 33326		83				
				ļ			
			84	,		FL '	Code
SIGNATURE					rporation submits this statement for the patients board of directors. I hereby acceptions		s registered registered
	Signature, typed or printed name of registered a	gent and the if appleable (NC ND DIRECTORS		jent signature requ	uired when reinstating)	DATE	C (N) 40
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	<u>T</u>	ADDITIONS/CHANGES TO OFFIC	Change	Addition
	BROWN, WALTER		1.1 TOTLE			L_1 Change	LJ AUGILION
NAME	15718 WOODGATE PLACE		1.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33326		1.4 CHY-	ST-7IP			
TITLE	D	[] DELETE	2 1 11TLF			☐ Change	Addition
NAME	BROWN, ALICE		2.2 NAME				
STREET ADDRESS	15718 WOODGATE PLACE		23 STREE	1 ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33326		2 4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3 1 THLE			L Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			İ
CITY-ST-ZIP			3 4. 0114-	·ST-ZIP			
TITLE		☐ DELFTE	4 1 TITLE			☐ Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			43 STREF	I ADDRESS			
CITY-ST-ZIP			4.4 CITY-	S1-2)P			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 S1RLE	LADDRESS			
CITY-ST-ZIP			5 4 C/TY-				
TITLE		DELFTE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			6.2 NAME			a.	_ '
STREET ADDRESS				T ADDRESS			
}							
CITY-ST-ZIP			6.4 CITY-	SI-ZIP		····	

I do 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.

(954) 389-4/22/97