

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

96 AUG 12 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000010822 (1)

1. Corporation Name  
**BROWN & MIGUEL**  
**BROWN & MIGUEL ENTERPRISES, INC.**  
**LI-SPY STORE #, INC.**

Principal Place of Business Mailing Address  
**6550 INTERNATIONAL DRIVE** **6550 INTERNATIONAL DRIVE**  
**SUITE 103** **SUITE 103**  
**ORLANDO FL 32819** **ORLANDO FL 32819**

2. Principal Place of Business 2a. Mailing Address  
21 **945 E. ALTAMONTE DR.** 26 **5227 E. COLONIAL DR.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **ALTAMONTE, FLORIDA** 28 **ORLANDO, FLORIDA**  
Zip Country Zip Country  
24 **32701** 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**02/06/1995** **2/6/95**  
4. FEI Number Applied For  
**59-3290947** Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution 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  
**RAMOS, JOSE L**  
**833 N. HIGHLAND AVENUE**  
**SUITE A**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
81 Name **C. R. BROWN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5227 E. COLONIAL DR.**  
83  
84 City **ORLANDO** FL 85 Zip Code **32707**

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 **C. R. BROWN** 8/8/96

12. OFFICERS AND DIRECTORS  
TITLE **DIRECTOR** ☒ DELETE  
NAME **C. R. BROWN**  
STREET ADDRESS **5227 E. COLONIAL DR.**  
CITY - ST - ZIP **ORLANDO, FL 32707**  
TITLE **MIGUEL A. ROLIVERA** ☒ 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  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE **PRESIDENT / SECRETARY** Change ☐ Addition ☒  
12 NAME **C. R. BROWN**  
13 STREET ADDRESS **5227 E. COLONIAL DR.**  
14 CITY - ST - ZIP **ORLANDO, FL 32707** Change ☐ Addition ☒  
21 TITLE **V.P. TREASURE** ☒ Change ☐ Addition ☒  
22 NAME **GEORGE FOURNIOTIS**  
23 STREET ADDRESS **1600 OAK TERRACE ROAD**  
24 CITY - ST - ZIP **LAKE PLAZA, FL 33852**  
31 TITLE **400001919174**  
32 NAME **108/12/96 - 101040 - 025**  
33 STREET ADDRESS **\*\*\*225. RD**  
34 CITY - ST - ZIP ☐ Change ☐ Addition ☒  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **C. R. BROWN** 8/8/96 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 275-1104

CR2E034 (3/96)