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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

BROW	VNE HOMES, INC.				
Principal Place of Business 1415 MISTY CREEK COURT ORLANDO FL 32824		Mailing Address 1415 MISTY CREEK COURT ORLANDO FL 32824		1 440 1141 114 114707 8777 8877 9877	11 00111 03191 11001 10101 1101 1101 110
				3. Date Incorporated or Qualified 03/03/1995	3a. Date of Last Report
ı ' —		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Cuito Ant A ata		59-3297595	Not Applicat
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	v	6. Election Campaign Financing	55.00 May Be
		28		Trust Fund Contribution	Added to Fees
Ziρ	Country 25	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes	*
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
BROWNE, TREVOR 1415 MISTY CREEK COURT ORLANDO FL 32824			82 Street Add	ress (P.O. Box Number is Not Acceptable)
			83		
UNLAN	DO FL 32024		63		
			84 City		FL 85 Zip Code
SNATURE s	n, and accept the obligations of, Section Agriculture, typed or printed name of registerud agent an	d title if applicat√c (NC	iffE. Bug stered Agent signatur, require		DATÉ
	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change
1E	BROWNE, TREVOR		1.2 NAME		C cuange C Madica
EET ADDRESS	1415 MISTY CREEK COURT		1.3 STREET ADDRESS		
'-\$1-ZiP	ORLANDO FL 32824		1.4 CITY-ST-ZIP		
F	D	DELETE	2 1 TITLE		Change Additio
#E	BROWNE, SHERALYN		2.2 NAME		
EET ADDRESS	1415 MISTY CREEK COURT		2.3 STREET ADDRESS		
-ST-ZiP	ORLANDO FL 32824	F) becare	2.4 CITY - ST - ZIP		
F E	BROWNE, L D	DEFELE	3 1 TITLE 32 NAME		Change Additio
ET ADDRESS	1415 MISTY CREEK COURT		3.3. STREET ADDRESS		
-ST-ZIP	ORLANDO FL 32824		3.4.C+TY-ST-Z)P		
F		☐ DELETE	4. 1 TITLE		Change Addition
tE.			4.2 NAME		
ET ADDRESS			4.3 STREET ADDRESS		*
-ST-ZIP		Fi he tre	4.4 CITY-ST-ZIP		
		☐ DELETE	5 1 TITLE		Change Add-tio
E ADDRESS			5.2 NAME		
ET ADDRÉSS - ST-ZIP			5 3 STREET ADDRESS 5 4 CHY+S1-ZIP		
- 31-28		DELETE	6 1 Tille		Change Additio
E			6.2 NAME		_ , _
E1 ADDRESS			6.3 STREET ADDRESS		
- ST - ZIP			6.4 CITY - \$1 - ZIF		
certify that to oath; that I	he information indicated on this annual	report or supplemental anni ion or the receiver or trusted	ual report is true and accura e empowered to execute thi	for the exemption stated in Section 119.0; ate and that my signature shall have the sa is report as required by Chapter 607, Flori	anie legat effect as if made unde

SIGNATURE: TPB TO THE TREVOR BROWNE 1-17-96 407 857 1698