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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000018125 (1)

BROWNE HOMES, INC.

| FILED |
|--------------------|
| Jan 29 1997 8:00am |
| Secretary of State |

| , | | | | | 1888 1888 | |
|--|--|-------------------------------------|--|---|--|--|
| Principal Place of Business Mailing Address | | | | I HODIIDAN IIN HOLDA MENA DONAL ROLLI BOLLI BOLLI | DB(D) (1031)D(D) (1619 1160) D(I) (84) | |
| 1415 MISTY CREEK COURT 1415 MISTY CREEK COURT ORLANDO FL 32824 ORLANDO FL 32824-6337 | | | | | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | 03/03/1995 | 01/22/1996 | |
| | ace of Business | 2a. Mailing Address 26 8612 01DB | 2120 E I AN | 4. FEI Number | Applied For | |
| | OLDBRIDGE LANE | | Elisae III. | 59-3297595 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | Cily & State | ·· ································· ······ | 6 Floring Committee Financia | | |
| | LANDO FL. | CHALLAO BE | FL. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | | |
| 24 32.819 | ع م ا | 29 32819 30 | J ÚS | | Yes X No | |
| 9. Name and Address of Current Registered Agent 10 | | | | 10. Name and Address of New Reg | gistered Agent | |
| BROWNE, TREVOR | | | | BROWNE TREV | 5R | |
| 1415 MISTY CREEK COURT 82 Street Addres | | | | dress (P.O. Box Number is Not Acceptable | (e) | |
| ORLANDO FL 32824 8612 | | | 12 OLD BRIDGE | LANE | | |
| | | | | | | |
| | | | | | 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. | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE TPD TOWN I REVOR BROWNE D Signature, typed or protect name of required agreen and title if applicabile (NOT). Registered Agent signature required wh | | | | zuurod Abro raisessina) | - 20.97 | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | D | ☐ DELETE | 1,1 TITLE | D = ===== | Change Addition | |
| NAME | BROWNE, TREVOR | | 1.2 NAME | BROWNE TREVOR | 1 ANG | |
| STREET ADDRESS | 1415 MISTY CREEK COURT | | 1.3 STREET ADDRESS | 8612 OLDBRIDGE | - 6.6 | |
| CITY-ST-ZIP | ORLANDO FL 32824 | | 1.4 CHY+ST-ZIP | ORLANDO FL | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D. | Change Addition | |
| NAME | BROWNE, SHERALYN | | 2.2 NAME | BROWNE SHERA | 1006 | |
| STREET ADDRESS | 1415 MISTY CREEK COURT | | 2 3 STREET ADDRESS | 8612 OLDBRIDGE ORLANDO FL | 20019 | |
| CITY-ST-ZIP | ORLANDO FL 32824 | ☐ DELETE | 2 4 CITY - ST - ZIP | OKTHWDO LT. | ☐ Change ☐ Addition | |
| TITLE | D | רו מנירנו <i>נ</i> | 3 1 71TLE | D . | □ Change □ Addition | |
| NAME . | BROWNE, L D | | 3.2 NAME 3.3 STREET ADDRESS | BROWNE L. D. 8612 OLDBRIDGE | LANE | |
| STREET ADDRESS | 1415 MISTY CREEK COURT ORLANDO FL 32824 | | 3.4. C/LY - ST - ZIP | ORLANDO FL 3 | 7219 | |
| CITY-ST-ZIP | UNLANDO FL 32824 | DELFTE | 4 1 TiTLE | CECHIOO TE | Change Addition | |
| NAME | | | 4 2 NAME | | · | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - 7/P | | | |
| TITLE | | DELFTE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |

14. 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. 407)

5 4 CITY - S1 - 7IP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6 1 TALE

6.2 NAME

DELETÉ

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Add tion