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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023357** (3)

FILED May 04 1998 8:00am Secretary of State

BROW	NSTONE SPORTS PUB IN	C .			
Principal Plac	e of Business	Mailing Address		a langiardt nið taldi apple ablei affill agili affill	ı ınanı ilitiği tiliği mişti iddi iddi.
1050 A & B DIXON BLVD. 1050 A & B DIXON BLVD COCOA FL 32922				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				03/22/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3306322	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		S. Certificate of States Besiles	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z ip	Country	⊢ Ziρ ⊢	Country	a. This corporation owes or has paid the	
24	9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
		ent negisteren Agent	B1 Name	10, Marrie and Address of New neglister	eo Agent
onomi, noomo					
1050 A & B DIXON BLVD.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
GU	COA FL 32922		83		
C 1	Ixn K. Brown	(Assident)	63		
E.	THE TELEBORIE	(0.00	84 City	-	85 Zip Code
					L 85 Zib Code
11. Pursuant office or r	to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607-1508, Florida Statutes Le of Florida: Such change was au	s, the above-named corp thorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I a		igations of Section 607.0505, Flor	ida Statujes.	6	4/27/20
SIGNATURE	Koland Brown	<u>_</u> x	Mynn	Kroun X	7/2/198
	Signature, typed or printed name of registered a	ND DIRECTORS (MOTE	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	NID DIDECTORS IN 12
12.	D	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS 7	Change Addition
NAME	BROWN, ROLAND		1.2 NAME		
STREET ADDRESS	1310 AUDUBON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	BROWN, ELLYN K		2.2 NAME		
STREET ADORESS	1310 AUDUBON DRIVE		2 3 STREET ADDRESS		
City-ST-ZiP	COCOA FL 32922		2. 4 City-St-ZiP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		Ì
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-\$1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.3 TITLE		☐ Change ☐ Addition
NAME			52 NAME		\
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-2IP			64 CITY-ST-ZIP		
	ATA AS AS IN THE AT A CO. I.	20 10 10 10 10 10 10 10 10 10 10 10 10 10	W	Description of the Color of the H	- 1'6 - 44 - 4 11 - 1 - 1 - 1 - 1' -

14. I 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.

SIGNATURE: x Ellis 1/2 Brown Elly K. Brown 4/27/88 (407)(31-7853