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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P95000055017 (4)

1. Corporation Name FRED BROWN, O.D., P.A.

Principal Place of Business

1744 WILTSHIRE VILLAGE
WEST PALM BEACH FL 33414

Mailing Address

1744 WILTSHIRE VILLAGE
WEST PALM BEACH FL 33414



WEST FALM BENCE	1110 30414	W_0, W_				3. Date Incorporated or Qualified 07/13/1995	3a. Date	of Last F	Report
Principal Place of Business 2a. M			Mailing Address			4. FEI Number			Applied For
Trinciper riado de l	Basinoso	26	26			65-0595261			Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	1 1 '			
Zip L	Country 25	7ip	<u>├</u>	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			, 199.032,
l	Name and Address of Cu			Γ		10. Name and Address of New I	Registered	Agent	
	Name and Address of Oct	Total Hogiston	<u></u>	81	Name				
PORRO, HILDA M					82 Street Address (P.O. Box Number is Not Acceptable)				
13857 WELLINGTON TRACE, STE. D-1 WEST PALM BEACH FL 33414				83					
				84	City		FL	85 2	Zip Code
2.		AND DIRECTORS		13.	t signatine require	etwice readuring ADDITIONS/CHANGES TO OF			
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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 logal effect as if made under early; 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:

FILES BROWN , OS, NM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/90

407-391-5674