2-4-98 B- 1441- C 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 # P95000095049 (9)

RN BROWN ASSOCIATES, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ARMIN BANK BENN D	LOLD FOLL IBO	
812 BRINY AVENUE, UNIT 10C 812 BRINY AVENUE, UNIT								
	BEACH FL 33062	POMPANO BEACH FL 33062						
						DO NOT WRITE IN THIS	SPACE	
						 Date Incorporated or Qualified 01/01/1996 		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26						t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Re	`
City & State		City & State				6. Election Campaign Financing	\$5.00	
23	Country	Zip Country				Trust Fund Contribution	Added to	
Zip	Country	<u> </u>	30	nuy		 This corporation owes or has paid the cu Personal Property Tax due June 30. 		angible TNo
24	g. Name and Address of Current	29 Registered Agent	1301			10. Name and Address of New Registered	_	1.110
• • • • • • • • • • • • • • • • • • •						IO. Italia and Addition of the Indian		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE					Name			
	-			82 Street Address (P.O. Box Number is Not Acceptable)				
U	ORAL GABLES FL 33134		H	83				
				84	City	FL	85 Zip C	Code
44 Pureuent 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 607.0605, Florida Statutes.								
SIGNATURE Signature, typed or printed name of regulated agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE On the control of								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PTD	☐ DELETE	1.1 10	ſŁĒ			Change	Addition
NAME	BROWN, RONALD N		1 2 NA	ME				
STREET ADDRESS	812 BRINY AVENUE, UNIT 10	C	13 ST	13 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CIT	ty-St-	- ZIP			
TITLE	VSD	DELETE					Change	Addition
NAME	BROWN, NANCY A		22 NA	22 NAME				1
STREET ADDRESS	812 BRINY AVENUE, UNIT 10	C	2.3 ST	REET A	DDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.400	TY-SF	-ZiP			ļ
TITLE		DELET e	3 1 TIT	LE			Change	Addition
NAME			3.2 NA	ME				-
STREET ADDRESS			3.3 STE	REET A	DDRESS			
CITY-ST-ZIP			3.4. Ci	TY-ST	- ZIP			
TITLE		☐ DELET E	4.1 TIT	'Lŧ			Change	Addition
NAME			4. 2 NA	AME				1
STREET ADDRESS			4.3 STF	REET A	DDRESS			
CITY-ST-ZIP			4.4 CIT	ry-st-	ZIP			
TITLE		DELETE	5.1 1)(LE.			☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REET A	DORESS			
CITY-ST-ZIP			5.4 CIT	[Y - ST -	ZIP			
TITLE		☐ DELET é	6.1 TIT	LE			☐ Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET A	DDRESS			
CITY-ST-ZIP			6.4 CIT	ry-st	ZIP			

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 around 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 of 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.