

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000031237 (6)**

1. Corporation Name  
**BROWN & VAN LEUVEN, P.A.**



Principal Place of Business  
**201 E RUBY AVE  
KISSIMMEE FL 34741**

Mailing Address  
**201 E RUBY AVE  
KISSIMMEE FL 34741-5679**

3. Date Incorporated or Qualified  
**04/10/1996**

3a. Date of Last Report

4. FEI Number  
**59-3372519**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **111 NORTH ORANGE AVE.**  
Suite, Apt. #, etc.  
22 **875**  
City & State  
23 **ORLANDO, FL**  
Zip  
24 **32802** Country  
25 **USA**

2a. Mailing Address  
26 **P.O. Box 2873**  
Suite, Apt #, etc.  
27  
City & State  
28 **ORLANDO, FL**  
Zip  
29 **32802-2873** Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**BROWN, USHER L  
201 E RUBY AVE  
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent  
81 Name **BROWN, USHER L**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**111 NORTH ORANGE AVENUE #875**  
83  
84 City **ORLANDO** FL 85 Zip Code **32802**

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.

SIGNATURE *[Signature]* DATE **4.4.97**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BROWN, USHER L 201 E RUBY AVE KISSIMMEE FL 34741</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>VAN LEUVEN, MARY 201 E RUBY AVE KISSIMMEE FL 34741</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>O P S BROWN, USHER L 111 NORTH ORANGE AVE #875 ORLANDO, FL 32802</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D V T VAN LEUVEN, MARY 111 NORTH ORANGE AVE #875 ORLANDO, FL 32802</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE **4.4.97** DAYTIME PHONE # **407-425-9566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)