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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000061640**

| 1. Corporation | n Name | | | † | |
|--|--|--|---|--|--|
| BROWN | ing design, inc. | | | | |
| | | | | | H a i (1818 1 511) air i ab i (188 |
| | | | | | |
| Principal Place | e of Business | Mailing Address | - | I (MB)IMB) lid ratio mrits mater ameir anter anten ar | ithi ithin dicit asus past lans |
| 3851 KUMQUAT | T AVE. | P.O. BOX 402311 | | | |
| MIAMI FL 33133 MIAMI BEACH FL 33140-0311 | | | | DO NOT WRITE IN THIS S | SPACE |
| | | US | | 3. Date Incorporated or Qualifed | TACE TO THE PROPERTY OF THE PR |
| | · | | | 07/22/1996 | + |
| 2 Dringing D | lace of Business | 2a. Mailing Address | · | 4. FEI Number | Applied For |
| · | lace of Business | 26 Walling Address | | 65-0686243 | Not Applicable |
| 21 Suite, Apt." | # etc | Suite, Apt. #, etc. | <u> </u> | The state of the s | \$8.75 Additional |
| 22 | w, 610. | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | • | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intal | ngible |
| 24 | 25 | 29 3 | 0 | 1 dischial Freperity | ☐ Yes ☐ No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered A | gent |
| | | | 81 Name | | } |
| Granitur, Eric | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | . | |
| 325 MERIDIAN AVE., #6 | | | | | |
| MIAMI BEACH FL 33139 | | | 83 | | |
| | | 84 City | | 85 Zip Code | |
| The state of the s | | ' | <u> </u> | 1 1 1 | |
| 11. Pursuant | to the provisions of Sections 607.050 | Pand 607.1508, Florida Statutes | , the above-named corp | poration submits this statement for the purpose of c | changing its registered |
| | | | | | |
| agent. I a | m familiar with and accept the poligati | ions of, Section 607.0505, Florid | nonzed by the corporati la Statutes. | on's board of directors. I hereby accept the appoint | illient as registered |
| i | m familiar with and accept the oligati | ions of, Section 607.0505, Florid | nonzed by the corporation of the statutes. | poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: R | legistered Agent signature require | ed when reinstating) DATE | |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS ANI | t and title if applicable. (NOTE: R | legistered Agent signature require | 4/14/79 | D DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS ANI | t and title if applicable. (NOTE: R | tegistered Agent signature require 13. 1.1 TITLE | ed when reinstating) DATE | |
| SIGNATURE 12. TITLE NAME | Signature, tiped or printed name of registered agent OFFICERS AND P BROWNING, NATHAN | t and title if applicable. (NOTE: R | tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME | ed when reinstating) DATE | D DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, tiped or printed name of registered agents OFFICERS AND P BROWNING, NATHAN P.O. BOX 402311 N/A | t and title if applicable. (NOTE: R | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ed when reinstating) DATE | D DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, tiped or printed name of registered agent OFFICERS AND P BROWNING, NATHAN | t and title if applicable. (NOTE: R D DIRECTORS | tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZiP | ed when reinstating) DATE | D DIRECTORS IN 12 |
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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 recommendation 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommendation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

Daytime Phone #