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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000064485  
1. Corporation Name  
LOUIS H. BROWN BUILDING, INC.

Principal Place of Business Mailing Address  
2500-2510 E. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL, 33306

2. Principal Place of Business 2a. Mailing Address  
21 2500-2510 E. OAKLAND PARK BLVD 26 10 JANICE P. HAGY  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 1317 NE 1<sup>st</sup> STREET  
23 FT. LAUDERDALE, FL 28 FT. LAUDERDALE, FL  
City & State City & State  
24 FL 33306 25 BROWARD 29 33301 30 BROWARD  
Zip Country Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
7/18/1996 NONE  
4. FEI Number ☒ 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

9. Name and Address of Current Registered Agent  
THOMAS R. BROWN  
2510 EAST OAKLAND PK. BLVD.  
FT. LAUDERDALE, FL 33306

10. Name and Address of New Registered Agent  
81 Name SAM GASPERONI  
82 Street Address (P.O. Box Number is Not Acceptable) GASPERONI REAL ESTATE, INC.  
83 2501 E. COMMERCIAL BLVD.  
84 City FT. LAUDERDALE, FL 85 Zip Code 33308

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] SAM GASPERONI 4-8-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | PRESIDENT                         | <input type="checkbox"/> DELETE |
| NAME           | MARY B. PARRISH                   |                                 |
| STREET ADDRESS | 3304 N.E. 40 <sup>th</sup> STREET |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308          |                                 |
| TITLE          | SECR/TREA.                        | <input type="checkbox"/> DELETE |
| NAME           | JANICE P. HAGY                    |                                 |
| STREET ADDRESS | 1317 N.E. 1 <sup>st</sup> STREET  |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33301          |                                 |
| TITLE          | DIRECTOR                          | <input type="checkbox"/> DELETE |
| NAME           | JAMES R. BROWN, JR.               |                                 |
| STREET ADDRESS | 422 DENTON WAY                    |                                 |
| CITY-ST-ZIP    | BALTIMORE, MD 21009               |                                 |
| TITLE          | DIRECTOR                          | <input type="checkbox"/> DELETE |
| NAME           | SUSAN T. BROWN                    |                                 |
| STREET ADDRESS | 3802 PARKMONT AVENUE              |                                 |
| CITY-ST-ZIP    | BALTIMORE, MD 21206               |                                 |
| TITLE          | DIRECTOR                          | <input type="checkbox"/> DELETE |
| NAME           | STEVEN L. BROWN                   |                                 |
| STREET ADDRESS | 1706 E. COPPER STREET             |                                 |
| CITY-ST-ZIP    | TUCSON, AZ 85719                  |                                 |
| TITLE          | DIRECTOR                          | <input type="checkbox"/> DELETE |
| NAME           | NANCY A. JAMROG                   |                                 |
| STREET ADDRESS | 3127 N. TERRELL PLACE             |                                 |
| CITY-ST-ZIP    | TUCSON, AZ 85716                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

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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: Janice P. Haggy, Secy./Treas. 4/8/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)