## 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 # P96000083001 (3)

**BROWCO PROPERTIES, INC.** 

## **FILED** May 15 1998 8:00am Secretary of State



<u> </u>				
Principal Place of Business Mailing Address				1 Jegisan ine rama arrii adin adrii anii ania falen irii anii anii anii anii anii
15101 MEMORIAL HIGHWAY 15101 MEMORIAL HIGHWAY			Y	
MIAMI FL 331	169	MIAMI FL 33169		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
1				10/08/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
	Biscayne Blvd.		ayne Blv	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		¢0.75
22	462	462		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23 Nort	h Miami, Florida	28 North Miam	i, Florie	da Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3318		29 33181 3	0	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Current i	Registered Agent		10. Name and Address of New Registered Agent
Jones, Steven L			81 Name	
99	99 NE SECOND AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)
1	ITE 216			
j Mi	AMI SHORES FL 33138		63	
	-		<b>84</b> City	FL 85 Zip Code
11 Directant to the provisions of Sections 607 0502 and 607 1508 Elevide Statutes the above parent 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.				
1 MM To 1 C C 1 T 1 D 1 C C 1 T 1 D 1 C C C T C C C C C C C C C C C C C C C				
SIGNATURE Signature, typod or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstalling)  DATE				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	RID Change Addition
NAME	KANT, JON		1.2 NAME	Ton.
STREET ADDRESS	15101 MEMORIAL HIGHWAY		1.3 STREET ADDRESS	15 10 10 10 10 10 10 10 10 10 10 10 10 10
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	19301 49801841
TITLE		☐ DELETE	2.1 TITLE	PD Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	Kant, Jon
CITY-\$T-ZIP			2. 4 CITY - ST - ZIP	12555 Biscayne Blvd. 462
TITLE		☐ DELETE	3.1 TITLE	North Miami, FL 33181 Change Addition
NAME			3.2 NAME	·
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$1-ZIP			3.4. C(TY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	1
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-\$T-ZIP			5.4 CITY - \$T - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-\$T-ZIP			6.4 CITY - ST - ZIP	
14. hereby o	certify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation of 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.

305-940-2121