## 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

## **FILED** Mar 23 1998 8:00am Secretary of State

L	Corporation Name  JERRY BROWN	# P9600 & ASSOCIATES,									
Pı	rincipal Place of Busines										
1502 CORMORANT RD. DELRAY BEACH FL 33444				1502 CORMORANT RD. DELRAY BEACH FL 33444				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 11/13/1996			
<u> </u>	. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For		
21	1			26				65-0711013	Not Applicable		
22				Suite, Apt. #, etc.					8.75 Additional Fee Required		
23	City & State		28						\$5.00 May Be Added to Fees		
24		Country 25	29	Z <sub>1</sub> p Country  29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9, Name	and Address of Curre	nt Regi	10. Name and Address of New Registered Agent							
BROWN, GERALD S						81	Name				
1502 CORMORANT RD. DELRAY BEACH FL 33444					82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
					63						
						84	City	FL 8			
11	Office or registered ac	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the obli	e of Flor	ida. Such change was	s autho	rized by	the corporatio	ration submits this statement for the purpose of chain's board of directors. I hereby accept the appointr	nging its registered nent as registered		

	and the second s					
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE E	Registered Agent signature requir	red when reinstation)	DATE	
12.	OFFICERS AND DIRECTORS	1,7012	13.	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change	Additio
NAME	Brown, Gerald S		1.2 NAME			
STREET ADDRESS	1502 CORMORANT RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Additio
NAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Additio
NAME		i	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TOTLE		☐ Change	Additio
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Additio
NAME			6.2 NAMÉ			
STREET ADDRESS			6.3 STREET ADDRESS			
000 07 300						

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 suppliemental 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: GERALD & BROWN

561-278-4614