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FILED
May 06 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 # P96000103475 (5)

1. Corporation Name
BROWN LABS, INC.



Principal Place of Business 736 GREENWAY PLACE DAYTONA BEACH FL 32114	Mailing Address 736 GREENWAY PLACE DAYTONA BEACH FL 32114-3941
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3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report
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2. Principal Place of Business 21 413 OAK PLACE	2a. Mailing Address 26 413 OAK PLACE	4. FEI Number 59-3416523	Applied For Not Applicable
Suite, Apt. #, etc. 22 Unit 6 F	Suite, Apt. #, etc. 27 Unit 6 F	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 PORT ORANGE, FL	City & State 28 PORT ORANGE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32127	Country 25 Volusia	Zip 29 32127	Country 30 Volusia

9. Name and Address of Current Registered Agent BROWN, WILLIAM ERVIN 736 GREENWAY PLACE DAYTONA BEACH FL 32114	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *William E Brown* **4-29-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM ERVIN	1.2 NAME	
STREET ADDRESS	736 GREENWAY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CAROLYN L	2.2 NAME	
STREET ADDRESS	736 GREENWAY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	DEV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPIETRO, LOUIS	3.2 NAME	
STREET ADDRESS	1413 ROYAL GROVE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANS, DONN R	4.2 NAME	
STREET ADDRESS	957 BRAMBLE BUSH CIRCLE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *William E Brown* **WILLIAM E. BROWN** **4/29/97** **(904) 756-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000166

CR2E034 (9/96)