## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90083 027 \*\*\*150.00



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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DOCUMENT #	P96000	103960
1. Corporation Name	. 00000	.0000

T.G. BROWN, P.A.

Principal Place of Business

324-DATURA STREET, SUITE 912 WEST PALM BEACH FL 93401

Principal Place of Business

22

324 DATURA STREET, SUITE 312 WEST PALM BEACH FL 33401

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

12/30/1996 4. FEI Number

65-0718673

24	105   25   TOIMUL   39   3	0		Personal Property Tax.
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
	WN, T.G. ESQ. DATURA STREET, SUITE 312	8		Address (P.O. Box Number is Not Acceptable)
WES	T PALM BEACH FL 33401	8	3	
ÜΔ	1- Ouster Kd.			
70	orth Palm Beach, FL 3340	<b>♥</b> 8	4 City	FL 85 Zip Code
<u> </u>	orth Faim Leuch 1 5 3 10	the obe	un namad	corporation submits this statement for the purpose of changing its registered
office or re	to the provisions of Sections 607,0502 and 607,1506, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607,0505, Florida 1	honzed b	v the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	A Control of the Cont	tanistared An	ent signature n	equired when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applicable (NOTE: R OFFICERS AND DIRECTORS	13.	- agricultura	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	:	☐ Change ☐ Addition
	PROWN TO	1.2 NAM		
NAME	BROWN, T.G. 324 DATURA ST., #312 406 Oyster Rd.		ET ADDRESS	
STREET ADDRESS	WEST PALM BEACH FL NOrth Palm Beach,			
CITY-ST-ZIP	DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	LI DELETE	1		
NAME		2.2 NAM		
STREET ADDRESS			ET ADDRESS	
CITY-ST-ZIP		2.4 CITY		Change Addition
TITLE	☐ DELETE	3.1 TITLE		Change   Addition
NAME		3.2 NAM	E	
STREET ADDRESS		3.3 \$TRE	ET ADDRESS	
CITY-ST-ZIP		3.4. CITY	-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME		4. 2 NAM	E	
STREET ADDRESS		4.3 STRE	ET ADDRESS	
CITY-ST-ZIP		4.4 CITY	-ST-ZIP	
TITLE	DELETE	5.1 TITLE	=	☐ Change ☐ Addition
NAME		5.2 NAM	E	
STREET ADDRESS		5.3 STRI	EFT ADDRESS	
CITY-ST-ZIP		5.4 CITY	-ST-ZIP	
TITLE	. DELETE	6.1 TITLE	<u> </u>	☐ Change ☐ Addition
		6.2 NAM	E	
STREET ADDRESS	A STATE OF THE STA	6.3 STR	EET ADDRESS	
		6.4 CITY	-ST-ZIP	
CITY-ST-ZIP	with that the information expedied with this filing does not qualify for t			d in Section 119.07(3)(i). Florida Statutes. I further certify that the information

Country

indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 1.13.07(3/ft), Florida Statutes. Intimer certify that the mornal 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, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR