## 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

## DOCUMENT # **P97000011979**1. Corporation Name

BROWN ADVISORY SERVICES, INC.					
				: # <b>40</b> 11401   #4 16##   #61## 40## 46## 46## 40##	
		<u> </u>			
Principal Plac	•	Mailing Address			
7711 SW 62 AVE #203 7711 SW 62 AVE MIAMI FL 33143 203					
US	ю	MIAMI FL 33143		DO NOT WRITE IN THIS	S SPACE
**		US		3. Date Incorporated or Qualifed	-
	•			02/03/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		65-0729673	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State			
City & Stat	te	28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
BDC	WN DANIEL I		81 Name		
BROWN, DANIEL L 10440 SW 69TH AVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33156	•	83		
			84 City	<u> </u>	85 Zip Code
94 1 PM 10 2 1 1 1	1. 15 Continue CO7 050	2 CO7 1509: Florido Ctatuto	·   l	L	f changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was a	thorized by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
agent. La	im familiar with, and accept the obliga-	tions of, Section 607.0505, Flor	ida Statutes.		* L
SIGNATURE	Signature, typed or printed name of registered agen	•		xt when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agen	•	Registered Agent signature required 13.	nd when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature require		ND DIRECTORS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require		
12.	Signature, typed or printed name of registered ager OFFICERS AN PD BROWN, DANIEL L	nt and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE		
12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD BROWN, DANIEL L	nt and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD BROWN, DANIEL L 6770 NW 84 AVE PARKLAND FL 33067	nt and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PD BROWN, DANIEL L 6770 NW 84 AVE PARKLAND FL 33067 D BROWN, KAREN M	nt and title if applicable. (NOTE:	Registered Agent signature require  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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CITY-ST-ZIP 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 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 a pattachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90010 036 \*\*\*150.00