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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

CITY-ST-ZIP

CITY-\$T-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000052435 (9) DOCUMENT #

MARY ANN BROWN REALTOR, INC.

Principal Place of Business Mailing Address 8908 SOUTH FEDERAL HIGHWAY 8908 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-076251 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žip Country Zφ Country 8. This corporation owes or has paid the current year Intangible □ Ño 24 26 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, MARY A 8908 SOUTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 **B3** Zip Code 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered ha State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registored agent, or both agent. I am familiar with, and acc SIGNATURE Registered Agent signature required when reinstating) DATE 12. FLICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President DELETE Change TITLE 1.1 TITLE Addition Brown, Mary Ann NAME 1.2 NAME 2409 Wilderness Drive STREET ADDRESS 1.3 STREET ADDRESS Fort Pierce, Fl. 34982 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITL€ NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I hereby cortify 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 offect 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 attacking it with an address. 4. 78. 94

5.4 CITY - ST - ZIP

63 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE 62 NAME

DELETE