## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moghani

Secretary of State DIVISION OF CORPORATIONS

P97000055923 (1) DOCUMENT #

BROWN CONSULTING GROUP, INC.

## **FILED** Jun 02 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			1800 BININ INIIN 14009 1401 1001
910 ALOMA FAYE LANE 910 ALOMA FAYE LAN				
FT. WALTON BEACH FL 32547	FT. WALTON BEACH FL.	32547		
			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	5 SPACE
			06/25/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59 345 2671	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27	·······	b. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24 25	} ` I	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	turrent year intangible
	s of Current Registered Agent	135)	10. Name and Address of New Registered	
BROWN, JEFFREY		81 Name		
910 ALOMA FAYE LANE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
FT. WALTON BEACH FL:	32547	0		
		83		
<b>.</b> •		84 City		85 Zip Code
			FI	L   '
<ol> <li>Pursuant to the provisions of Section office or registered agent, or both.</li> </ol>	ns 607.0502 and 607.1508, Florida Statute in th⊯≲Glate of Honda-Such change was a	es, the above-named co authorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered population
agent. I am familiar with, and accep	of the obligations of, Section 607.0505, Flo	orida Statutes.	1 -1	11998
SIGNATURE Signatur, typed to a state of diame of	registered egent and the it applicable (NOTE	<b> </b>	ured when reinstation) DATE	<u> </u>
12. OF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PRESIDENT NAME STREET ADDRESS 910 AAMA FA	☐ DELETE	1.1 THILE		Change Addition
NAME JEFF BROWN		1.2 NAME		
STREET ADDRESS 910 AAMA MA	YR LANI	1.3 STREET ADDRESS		
CITY-ST-ZIP FORT WAL TON BE	11ch FL 32547	14 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2 2 NAME		1
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 Title		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	L DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		j
STREET ADDRESS		5. STREET ADDRESS		
City-St-ZIP	1 DELETE	5.4 CITY-S1-ZIP		Change Addition
TITLE	∐ DELETE	6.1 TITLE		Change Addition
NAME Croter Address		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	supplied with this bling door not qualify to	6.4 CITY-ST-ZIP	o Section 119 07/3/(i) Florida Statutas I further	and the the information

mereby certify that the information supplied with this filling does not quality 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 my address.