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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000080777 (0)

**BROWN TRIPSON UNITED INC.** 

,			
	Principal Place of Business	Mailing Address	
	1740 21 STREET VERO BEACH FL 32960	1740 21 STREET VERO BEACH FL 32960	DO N
			3. Date incorporated or 09/17/1997
	2. Principal Place of Business 21 1905 2774 AV SW	2a. Mailing Address 26 1905 27174 AV SW	4. FEI Number 59 - 3470
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status D
•	City & State 23 VERO BEACH FL	City & State 28 VERO BEACH FL	6. Election Campaign Fir Trust Fund Contribution

## **FILED** Apr 17 1998 8:00am Secretary of State



OT WRITE IN THIS SPACE Qualified Applied For 820 Not Applicable \$8.75 Additional esired Fee Required \$5.00 May Be nanc<del>i</del>no Added to Fees Country 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Register 81 TRIPSON, JENS JENS 1740 21 STREET 82 Street A VERO BEACH FL 32960 83 84 City BEACH VERO 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 except the obligations of, Society 607.0505, Florida Statutes. **GIĞİNÂT**URE (NOTE Rogistered Agent signature required OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change 1.1 THEF TRIPSON, JENS NAME 1.2 NAME 1740 21 STREET STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **Brown**, Patricia 2.2 NAME 1740 21 STREET STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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/figuried by Chapter 607, Florida Statutes; and that my name appears in