SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthars FILED ANNUAL REPORT Secretary of Space 1998 DIVISION OF CORPORATIONS 98 OCT 21 PM 1: 42 DOCUMENT %97000082115 (1) SECRETARY OF STATE TALLAHASSEE. FLORIDA BROWN AND BOGER ENTERPRISES, INC. Principal Place of Business Mailing Address 1659 WEST 16 STREET 1659 WEST 16 STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59346895 5182 <u> 5182</u> Norwood 26 Norword Ave Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be <u>Jacksonui lle i Fl</u> Jacksonville 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Citv 85 Zip Code 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 famillar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change X Addition 1.1 TITLE DELETE BROWN, ANTHONY L NAME 1.2 NAME Darrion Brown 1659 West 16th St 1659 WEST 16 STREET STREET ADDRESS 1.3 STREET ADDRESS Jacksonville, FL JACKSONVILLE FL 32209 <u> 32209</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TILE VSD DELETE 2.1 TITLE Change Harriett Brown 1659 West 16th St. BOGER, KEVIN A NAME 2.2 NAME 1659 WEST 16 STREET 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32209 Jacksonville, FL 32209 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Sandra D. Boger NAME 32 NAME 'Rd. Apt. 504 1000 Broward STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Jacksonville, FL TITLE 4.1 TITLE Change DELETE Anthony G. Brown 1659 West 16th St. NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS Jacksonville, Pl CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE Change Addition TITLE DELETE 300002674593 -10/28/98--01067--5.2 NAME NAME --014 STREET ADDRESS 5.3 STREET ADDRESS ****550.00 ****550.00 CITY ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE ___ DELETE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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/ii), 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, of only an attachment with an address. Statutes, I further certify that the information