

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).

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Mar 29 1999 8:00 am
Secretary of State

DOCUMENT # **PA1000088420**
1. Corporation Name:
Brown Industries, Inc.

Principal Place of Business:
7225 Greenville Ct.
Orlando, FL 32819

Mailing Address:
(same) as above

2. Principal Place of Business		2a. Mailing Address	
21 7225 Greenville Ct.	26 ← SAME ←		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State	City & State		
23 Orlando, FL	28		
Zip	Country		
24 32819	25 USA		
29	30		

9. Name and Address of Current Registered Agent
Cheryl Brown
7225 Greenville Ct.
Orlando, FL 32819

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Quoted
10-14-97

4. Filing Number
59-3472093

5. Corporation's Fiscal Year End ☐ **\$8.75 Additional Fee Required**

6. Has the Corporation's Financial Year End Changed? ☐ **\$5.00 May Be Added to Fees**

8. Has the Corporation's Corporate Year End Changed? ☐ **YES** ☒ **NO**

10. Name and Address of New Registered Agent

81 **Cheryl Brown**
82 **7225 Greenville Ct.**
83
84 **Orlando** **FL** **85** **32819**

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the undersigned hereby certifies that the person named in the preceding section is the duly authorized agent of the corporation to execute this report and to accept the appointment of the undersigned as the registered agent of the corporation.

SIGNATURE: **Cheryl Brown** **Cheryl Brown**

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Cheryl Brown	
STREET ADDRESS	7225 Greenville Ct.	
CITY-STATE-ZIP	Orlando, FL 32819	
TITLE	Sec./Treasurer	☐ DELETE
NAME	Cheryl Brown	
STREET ADDRESS	7225 Greenville Ct.	
CITY-STATE-ZIP	Orlando, FL 32819	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONAL INFORMATION TO OFFICER, AND/OR DIRECTOR, IF

☐ **DELETED** ☐ **ADDED**

000002829890--9
-04/05/99--04/42--001
******150.00 ****150.00**

000002829890--9
-04/05/99--04/42--002
******550.00 ****550.00**

14. The undersigned hereby certifies that the person named in the preceding section is the duly authorized agent of the corporation to execute this report and to accept the appointment of the undersigned as the registered agent of the corporation.

SIGNATURE: **Cheryl Brown** **Cheryl Brown** **14/20/98** **107-370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)