PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

 Corporation 	MENT # P97000 NAME AND BROWN INTERIORS, I						
Distinct Blace	of Business	Mailing Address	 .		- I (800) (400 11% (40) 100) II (40) II (4	1818) ITAIN BAIND BIINI AINN I	00 11 1001 1601
1300 ALLENDALE RD WEST PALM BEACH FL 33405		1300 ALLENDALE RD WEST PALM BEACH FL 33405		DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/08/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 '-'	plied For
21		26			65-0820976		t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	·		5. Certifcate of Status Desired	\$8.75 A	quired
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country		8. This corporation owes the current		_
24	25	29 30)		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81 Nar		10. Name and Address of New Reg	istered Agent	
STI II	ADE GADY W			Ki	iernan, Sean P.		
STUMPF, GARY W 1300 ALLENDALE RD			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable	3)	
WEST PALM BEACH FL 33405			83	13	300 Allendale Road		
	1 1 7 20 10 11 12 00 100		63				}
			84 City	We	est Palm Beach	FL 85 Zip 0	05
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of a familiar with, and accept the obligat	of Florida. Such change was auth	orized by the c	ed corpor poration	ration submits this statement for the put n's board of directors. I hereby accept the	rpose of changing its ne appointment as req	registered gistered
SIGNATURE	Sich	Sean	P. Kier			18/99	
	Signature, types or printed name of registered agen		gistered Agent signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFIC		PS IN 12
12.	D OFFICERS AN	D DIRECTORS DELETE	13.	D/P		Change	XX Addition
TITLE	BROWN, BETTY G	CJ Dece,	·		own, Betty G		_
NAME	202 ANGLER AVE				Angler Ave		
STREET ADDRESS	PALM BEACH FL 33480				_		
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	D/T	m Beach, FL 33480	Change	XX Addition
TITLE	ORRELL, ANTHONY	_ 5222.0	I 15				_
NAME	1001 S FLAGLER DR, #701		2.3 STREET ADDR		cell, Anthony	0.1	1
STREET ADDRESS	WEST PALM BEACH FL 33405	a sa a superior de l'est	2.4 CITY-ST-ZIP		Ol S. Flagler Dr., #7	01	
CITY-ST-ZIP ·	THE STATE OF THE S	☐ DELETE	3.1 TITLE	wes	st Palm Beach, FL 334	U∋ Change	Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET ADDR	ess			
CITY-ST-ZIP		3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME .		•	4. 2 NAME	ļ	•		
STREET ADDRESS			4.3 STREET ADDR	ESS			ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME			•	ļ
STREET ADDRESS			5.3 STREET ADDR	ESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition

14. I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

<u>Orrell</u>

(561) 655-3791

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90112 026 ***150.00