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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000	165873				
1. Corporation Name					
WALTER & ELILDE BROWNING CORI	PORATION				
	8.6-217 - A alad				
Principal Place of Business	Mailing Address	240			
1431 NORTHEAST 133RD ROAD NORTH MIAMI FL 33161	1431 NORTHEAST 133RD RO NORTH MIAMI FL 33161	JAU	DO NOT WRITE I	N THIS SPACE	
PLEASURE CRAFT			3. Date incorporated or Qualifed		
La La La Figure		_	07/28/1998	<i>-</i>	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<b>├</b>	olied For
21	26 SEC ABOUT	<u> </u>			Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AG	I
City & State	City & State		6. Election Campaign Financing	\$5.00	
<b>⊢</b>	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current y	/ear Intangible	
24 25	29	30	Personal Property Tax.		□No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Regis	stered Agent	
ALAPON AMOVED		81 Name			ļ
AMERILAWYER 343 ALMERIA AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134		83			
CORRE GRUEE TE 35154		83	_		
		84 City		F.L 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.050.2 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was auf	thorized by the corporat	rporation submits this statement for the purition's board of directors. I hereby accept the	pose of changing its repeated as repeated	registered jistered
office or registered agent or both in the State of	Florida. Such change was autons of, Section 607.0505, Flori	thorized by the corporat	tion's board of directors. I needby accept the	DATE	
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14. 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 corpora ion 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: WONTH REAL STATE OF SIGNATURE OF

Grel 23 Dayline of