


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90002 001 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000076108 ✓ 1. Corporation Name BROWN / WRIGHT, INC.					
Principal Place of Business 8517 LITTLE ROAD NEW PORT RICHEY FL 34654			Mailing Address 8517 LITTLE ROAD NEW PORT RICHEY FL 34654		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/28/1998 4. FEI Number 59-3533648 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WRIGHT, DEBORAH E 8517 LITTLE ROAD NEW PORT RICHEY FL 34654			10. Name and Address of New Registered Agent 81 Name: Michael L. Levine 82 Street Address (P.O. Box Number is Not Acceptable): 8517 Little Rd 83 City: New Port Richey FL 85 Zip Code: 34654		
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 accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 8-24-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE: C.E.O. owner <input type="checkbox"/> DELETE NAME: Michael L. Levine STREET ADDRESS: 8517 Little Rd. CITY-ST-ZIP: NEW PORT RICHEY, FL 34654 TITLE: PRES. <input type="checkbox"/> DELETE NAME: Deborah E. Wright STREET ADDRESS: 8517 Little Road CITY-ST-ZIP: New Port Richey, FL 34654 TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: C.E.O. owner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Michael L. Levine 1.3 STREET ADDRESS: 8517 Little Road 1.4 CITY-ST-ZIP: New Port Richey, FL 34654 2.1 TITLE: employee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: Deborah E. Wright 2.3 STREET ADDRESS: 8517 Little Road 2.4 CITY-ST-ZIP: New Port Richey, FL 34654 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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)(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. SIGNATURE: <i>[Signature]</i> DATE: 9-1-99 727-815-9711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)