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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088252

1. Corporation Name

DAVID B	ROWN ENTERPRISES, INC	<i>)</i> ,					
Principal Place	e of Business	Mailing Address		t ibattant tie talet tellt aett a	itt 2011 2010 1010 1010 (0)	::##! # !(!# !	1184 1881
3130 JASMINE	DR.	3130 JASMINE DR.					
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483			DO NOT WRITE IN THIS SPACE				
				3. Date incorporated or Qualifed			
				10/15/1998		,	
2. Principal Pl	lace of Business	2a. Mailing Address	7 1 1 1 1	4. FEI Number		Applied	For
21		26 1790 So, t	eberal Hwy			Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7	5. Certifcate of Status Desired	101	.75 Additi ee Require	· .
22				FL # Oi Fire-soins			-
City & State	e	City & State Delray B	end. FL	Election Campaign Financing Trust Fund Contribution	1 1	5.00 May dded to Fe	
Zip	Country	Zip /	Country	8. This corporation owes the curr			
24	25	29 33483 [30 USA	Personal Property Tax.	Y	s XN	0
	9, Name and Address of Curre			10. Name and Address of New	Registered Agent		<u> </u>
			81 Name		•]
	CORPORATION SYSTEM		82 Street Addr	ress (P.O. Box Number is Not Accept	able)		
	S. PINE ISLAND RD.			<u> </u>			
PLAF	NTATION FL 33324		83				1
			84 City		FL 85	Zip Code	
	007.07	1003 4500 Florido Octobril	- 11	oration submits this statement for the		ina its reais	tered
I 11 Pursuant	to the provisions of Sections out .uc		s, tile above-hamed corp	CIGUOTI CODITION WILL STATEMENT TO MILE	Animar a animar		
office or r	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby acce	pt the appointmen	t as registe	red
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was au pations of, Section 607.0505, Flori	thorized by the corporation da Statutes.	on's board or directors. Thereby acce	pt the appointmen	t as registe	red
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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 an adattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS