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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000094124

1. Corporation Name

STREET ADDRESS

BROWNE BAG ENTERPRISES, INC.

The second of the second						
Principal Place	of Business	Mailing Address				(40)  43  (10   610    610    620    630
7,427_RADIANT_(	CIRCLE	501=N <del>.=ORLAND</del> O=AVE.:#313-	N=ORLANDO AVEE#313-281			THE EXPLANATION THE PROPERTY OF THE PARTY OF
ORLANDO FL 32810-3137		WINTER PARK FL 32789-7313				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/05/1998
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26			_	59-355 2/43 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27				ree Required
City & State	City & State	ry & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax.   Yes
24	25		0	_		Personal Property Tax.
****	9. Name and Address of Curren	t Kegisterea Agent		81	Name	ID. Hanne and Address of their Address of Agent
BROWNE, DONALD F JR.				لٽا		
	RADIANT CIRCLE			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	ANDO FL 32810-3137			83	-	
ONE	4100 12 32313 3131			53		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above				لِــا		
agent. i a. SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a superior famili	nt and title if applicable. (NOTE: F	Registered			ired when reinstating)  DATE  DATE  DATE  DATE
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P POWER POWER FOR		1.1 TITLE		ŀ	
NAME	BROWNE, DONALD F JR.		1.2 NAME 1.3 STREET			1
STREET ADDRESS	7427 RADIANT CIRCLE				i	
CITY-ST-ZIP	ORLANDO FL 32810-3137	DELETE	1.4 CITY-ST		T-ZIP	☐ Change ☐ Addition
TITLE		_				Camaga
NAME			2.2 NA		1000000	
STREET ADDRESS			2.4 CIT		ADDRESS	
CITY-ST-ZIP		□ DELETE	DELETE 3.1 TT		11-212	Change Addition
TITLE		- Defrir	3.2 N/			
NAME					FADDRESS	
STREET ADDRESS			1			
CITY-ST-ZIP	ZIP DELETE		_	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE		, 🗆 🗸	4.2 N			
NAME		1			ADDRESS	•
STREET ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME			
STREET ADORESS					TADDRESS	j
CITY-ST-ZIP	1		5.4 CI			
		DELETE		6.1 TITLE		☐ Change ☐ Addition
			62 N/	AMF	1	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90095 019 \*\*\*150.00