FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Jun 09, 2000 8:00 am Secretary of State Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS DOCUMENT #** P990000 56063 Development Group, 06-09-2000 90030 033 ***150.00 1. Corporation Name Brownsville Principal Place of Business 127 E Zaragoza St. 2215 W Strong ST Suite 206 Pensacola FL 32501. Pensacola FL 3. Date Incorporated or Qualified 6/21/55 3a. Date of Last Report 32505 1999 Applied For 2. Principal Place of Business Mailing Address 59-35: 76/91 SAL SAL 26 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be City & State City & State 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zio 24 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Bass and Sandfort Accountants Street Address (P.O. Box Number is Not Acceptable) 127 E Zaragoza St. Suite 206 83 Pensacola FL 32501 84 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE Addition TITLE PSTA 1.2 NAME NAME Kehoc JAMES F Strong 31, FL 32508 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE Change Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Сналде TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 1.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-Z!P CITY-ST-ZIP Addition Change 5.1 TITLE TITLE DELETE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Ido 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 acquial 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 vustee in Block 12 or Block 12 or Block 12 or Block 12 or an attachment with an address. SIGNATURE: **NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone