SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. «AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name S01597 (1)

BROWNELL REALTY CORP.

Mailing Address

Principal Place of Business 17393 LOCH LOMOND WAY

17393 LOCH LOMOND WAY

97 AUG -7 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| BOOK TATON PE 35480 | | DOUR KAION FL 3345 | BOOR HATON FL 33496 | | | DO NOT WRITE IN THIS SPACE | | | | |
|----------------------------|---|--|-------------------------------|--------------------|------------------------|--|-----------------|-------------|--------------------------|------------|
| | | | | | | 3. Date Incorporated or Qualified | 3a. Da | te of La | st Repo | irt |
| | | | | | | 09/20/1990 | 01 | /26/19 | 96 | |
| · | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applie | |
| 21 Suite, Apt. #, etc. | | 26 Suite And Higher | | | | 65-0230612 Not Applied | | | | |
| Suite, Apt. | #, OIC. | Suite, Apl. #, etc. | | | | 6. Certificate of Status Desired | | | '5 Addi Requli | |
| City & State | 9 | City & State | | | | Election Campaign Financing Trust Fund Contribution | П | | 00 Ma | |
| Zip | Country | Zip | Cour | ntry | | This corporation owes or has pair | -= | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June | _ | Tes | irikang N □ | • |
| | 9. Name and Address of Curre | | -1501 | | | 10. Name and Address of New Reg | | | | |
| PO | PKIN & SHURPIN PA | | | 81 | Name | | | | | |
| | 99 GLADES RD SUITE 114 | | - | 82 | Stroot Addro | on (P.O. Boy Number in Not Ascentab | lo\ | | | |
| | CA RATON FL 33431 | | | 02 | Street Addre | Address (P.O. Box Number is No! Acceptable) | | | | |
| | | | | 83 | | | | | | |
| | | | | 84 | City | | FI | 85 2 | Zip Cod | le |
| 11. Pursuant | to the provisions of Sections 607 050 | 02 and 607 1508 Florida Stat | lutes the ah | | anamed corno | oration submite this statement for the n | | changir | o ite ro | gistarad |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | o of Florida. Such change was gations of, Section 607.0505, I | s authorized Florida Statu | l by | the corporations. | oration submits this statement for the poon's board of directors. I hereby accep | t the appo | ointment | as regi | istered |
| SIGNATURE | Signature, lyped or printed name of registered ag | (the desired and colds) | OTE: Pro stored | Ann | nt signature required | dubor rejectator | DATE | | | |
| 12. | | ID DIRECTORS | 13. | Agu | ri. signa.ure requirec | ADDITIONS/CHANGES TO OFFIC | | DIRECT | TORS IN | V 12 |
| TITLE | D | DELETE | 1.1 TIT | LE. | ····· | 7.22 | 271071172 | Chan | | Addition |
| NAME | BROWN, LEO | | 1.2 NAI | ME | | 0000022 | ² 64 | 4.S | <u> </u> | ·[] |
| STREET ADDRESS | 17393 LOCH LOMOND WAY | • | 1.3 STF | REET . | ADDRESS | -08/12/ | 970 | 11046 | 01 | 14 |
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| TITLE | | ☐ DELETE | 61 TiTi | | | ٢ | | ☐ Chan | ge L | Addition |
| NAME | | | 6 2 NA | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6400 | Y-\$1 | r-zip | | | | | |

I do 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.

