

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montross
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45540**

(9)

1. Corporation Name

STEVEN C. BROWN, P.A.

Principal Place of Business

**224 NE LAKEVIEW DR.
SEBRING FL 33870
US**

Mailing Address

**224 NE LAKEVIEW DR.
SEBRING FL 33870
US**

2. Principal Place of Business

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State, Apt., Bldg., etc.

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City & State

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Zip

Country

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2a. Mailing Address

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State, Apt., Bldg., etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**BROWN, STEVEN C.
224 NE LAKEVIEW DR.
SEBRING FL 33870**

3. Date Incorporated or Qualified

04/16/1991

3a. Date of Last Report

01/18/1995

4. FID Number

59-3068610

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.1505, 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 607.0115, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

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