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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V06421 (4)

**1. Corporation Name
KAREN BROWN, INC.**

**Principal Place of Business Mailing Address
918 VERSAILLES CIR 918 VERSAILLES CIR
MATLAND FL 32751 MATLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 3a. Date of Last Report
01/13/1992 05/01/1994**

**2. Principal Place of Business 2a. Mailing Address
21 26**

**22 27
Suite, Apt. #, etc. Suite, Apt. #, etc.**

**23 28
City & State City & State**

**24 25 29 30
Zip Country Zip Country**

**4. FEI Number Applied For
59-3109482 Not Applicable**

**5. Certificate of Status Desired \$8.75 Additional
Fee Required**

**6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, KAREN
918 VERSAILLES CIR
MATLAND FL 32751**

**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 607.0502 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 of applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE VP
NAME BROWN, J. B
STREET ADDRESS 918 VERSAILLES CIRCLE
CITY- ST- ZIP MATLAND FL**

**1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP**

**TITLE S
NAME BIXLER, KIMBERLY J
STREET ADDRESS 15 WALKER TERRACE
CITY- ST- ZIP ATLANTA GA**

**2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP**

**TITLE P
NAME BROWN, KAREN
STREET ADDRESS 918 VERSAILLES CIRCLE
CITY- ST- ZIP MATLAND FL**

**3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Karen Brown* pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 (407) 644-4031
DATE