

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **323033** (1)
1. Corporation Name
THE STOW BUILDING CORPORATION



Principal Place of Business: **6105 LEONARDO ST CORAL GABLES FL 33146**
Mailing Address: **6105 LEONARDO ST CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **11/14/1967** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1197400** 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. 199.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: **6105 LEONARDO ST CORAL GABLES FL 33146**
21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Country
2a. Mailing Address: **6105 LEONARDO ST CORAL GABLES FL 33146**
26. State, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Country

9. Name and Address of Current Registered Agent
**HILLMER, ARTHUR C JR.
6105 LEONARDO ST
CORAL GABLES FL 33146**

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1405, 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 _____ DATE _____

OFFICERS AND DIRECTORS

12. TITLE	P	<input type="checkbox"/> DELETE
NAME	HILMER, ARTHUR C, JR.	
STREET ADDRESS	6105 LEONARDO ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILMER, FRANCES F.	
STREET ADDRESS	6105 LEONARDO ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAMPMANN, ANNE H	
STREET ADDRESS	92 RIVERSIDE AVE	
CITY-ST-ZIP	RIVERSIDE CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HILMER, ARTHUR C III	
STREET ADDRESS	62 S MAIN ST	
CITY-ST-ZIP	ESSEX CT 06426	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. TITLE	
36. NAME	
37. STREET ADDRESS	
38. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. TITLE	
40. NAME	
41. STREET ADDRESS	
42. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: A.C. Hilmer Jr. DATE: 5/16/96 305-661-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)