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FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90028 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 394051

1. Corporation Name  
LOWRY'S REPORTS, INC.

Principal Place of Business  
631 US HIGHWAY ONE, SUITE 305  
NORTH PALM BEACH FL 33408

Mailing Address  
631 US HIGHWAY ONE, SUITE 305  
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/14/1972

4. FEI Number  
59-1377882

Applied For  
Not Applicable

2. Principal Place of Business  
21

2a. Mailing Address  
26

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Zip  
29

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESMOND, PAUL F.  
631 US HIGHWAY ONE, SUITE 305  
N. PALM BCH. FL 33408

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Table with 2 columns: OFFICERS AND DIRECTORS (12), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Title, Name, Street Address, City-ST-ZIP for Paul F. Desmond.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Title, Name, Street Address, City-ST-ZIP for Paul F. Desmond.

14. I 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, 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

4/6/99 (50) 842-3514  
Date Daytime Phone #

CR2E034 (11/98)