FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90009 011 ***150.00

DOCUMENT # 555956 1. Corporation Name ROWE STUDIOS, INC. Principal Place of Business 4768 S.W. 72ND AVE. MIAMI FL 33155 Amailing Address 4768 S.W. 72ND AVE. MIAMI FL 33155 DO NOT WRITE IN T 3: Date Incorporated or Qualifed 12/22/1977 4. FEI Number 59-1787028 2a. Mailing Address 25 59-1787028	HIS SPACE Applied For
Principal Place of Business 4768 S.W. 72ND AVE. MIAMI FL 33155 Mailing Address 4768 S.W. 72ND AVE. MIAMI FL 33155 DO NOT WRITE IN T 3. Date incorporated or Qualified 12/22/1977 4. FEI Number 59-1787028	HIS SPACE Applied For
Principal Place of Business	HIS SPACE Applied For
### Principal Place of Business ### 4768 S.W. 72ND AVE. ### DO NOT WRITE IN T ### 183155 #### DO NOT WRITE IN T ### 183155 ### 3. Date Incorporated or Qualified ### 12/22/1977 ### 1821 #### 1821 ### 1821 ### 18	Applied For
### Principal Place of Business	Applied For
768 S.W. 72ND AVE. AIAMI FL 33155 3. Date incorporated or Qualifed 12/22/1977 4. FEI Number 59-1787028	Applied For
12/22/1977 2a. Mailing Address 3. Date Incorporated of 12/22/1977 4. FEI Number 59-1787028	Applied For
2a. Mailing Address 4. FEI Number 59-1787028	Applied For
2a. Mailing Address 59-1787028	
	Not Applicable
- Prices of Business	\$8.75 Additional
2. Principal Place of Status Desired	Fee Required
Suite, Apt. #, etc.	\$5.00 May Be
Suite, Apt. #, etc. 6. Election Campaign 1 1 1 2 7	Added to Fees
City & State Trust Fund Contribution	ar Intangible
City & State 28 Country 8. This corporation owes the current y	Yes No
Zip Personal Property Tax.	ered Agent
Zip Country 29 30 10. Name and Address of New Regis	
25 25 81 Name 9. Name and Address of Current Registered Agent 81 Name 73. O. Box Number is Not Acceptable)	
Address IP O. Dok	
) PriDTMEIL HOWARU E	
328 MINORCA AVENUE	85 Zip Code
2ND FLOOR	FL 85 Zip Code
2ND FLOOR CARLES FI 33134	nose of changing its registered
COMAL CADELS	e appointment as registered
207 0502 and 607.1508, Florida Statutes, the above-trained by the corporation's board of directors.	•
2ND FLOOR CORAL GABLES FL 33134 84 City Corporation Statement for the pure state of Florida Statutes, the above-named corporation submits this statement for the pure state of Florida Statutes, the above-named corporation submits this statement for the pure state of Florida Statutes, the above-named corporation submits this statement for the pure state of Florida Statutes, in the State of Florida Statutes, 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating). ADDITIONS/CHANGES TO OFFI	DATE
office or registered agent, or both, in the obligations of, Section 607.0000, agent. I am familiar with, and accept the obligations of, Section 607.0000, agent. I am familiar with, and accept the obligations of, Section 607.0000, agent. I am familiar with, and accept the obligations of, Section 607.0000, agent. I am familiar with, and accept the obligations of, Section 607.0000, agent agent agent agent agent agent agent agent. I am familiar with, and accept the obligations of, Section 607.0000, agent agen	ERS AND DIRECTORS IN 12
	Change Additi
SIGNATURE Signature, typed or printed name of registered agent and title in approximate the signature.	· ·
Signature of the state of the s	
OFFICERO DELETE	•
12. DELETE 13 INCL.	
12. DELETE 12 NAME 11TILE POWF LYNNE 1.3 STREET ADDRESS	Change ☐ Addi
12. DELETE 12 NAME NAME 4718 SW 67 AVE #B3 14 CITY-ST-ZIP	☐ Change ☐ Addi
12.	☐ Change ☐ Addi
12.	- Comman
12.	- Colong-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ROWE-SCHESSLER, CAROLYN NAME 23 STREET ADDRESS 21 TITLE 22 NAME 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 25 CITY-ST-ZIP 27 E. RIDGE VILL. DR. 26 CITY-ST-ZIP 27 E. RIDGE VILL. DR. 28 CITY-ST-ZIP 28 CITY-ST-ZIP 29 CITY-ST-ZIP 29 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 21 CITY-ST-ZIP 21 CITY-ST-ZIP 21 CITY-ST-ZIP 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	- Comman
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 3.1 TITLE	- Colong-
12.	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST CITY-ST-ZIP TITLE TOPPICTOR TOP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	- Colong-
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME 4.1 TITLE 4.2 NAME 4.2 NAME	☐ Change ☐ Add
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS A. CITY-ST-ZIP DELETE 1. TITLE 1. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE TITLE 1. DELETE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A3 STREET ADDRESS 34 CITY-ST-ZIP TITLE NAME 42 NAME 43 STREET ADDRESS A4 CITY-ST-ZIP TITLE NAME 43 STREET ADDRESS A4 CITY-ST-ZIP A4 STREET ADDRESS A4 CITY-ST-ZIP A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	Change Add
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Change Add

祝飯 樂 新 心 生 生 nation 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 of 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 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 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 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate an accurate and that my signature shall have the same legal effect as if made under oath; that I am accurate an accurate an accurate 6.3 STREET ADDRESS NAME MELLE. STREET ADDRESS I hereby certify that the information indicated on this annual report of officer or director of the conforaling Block 12 or Block 13 if changes.

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TILE