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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K28526 (7)

1. Corporation Name
LOWELL PROPERTIES, INC.



Principal Place of Business: HOLIDAY INN MELBOURNE FL 32904 US
Mailing Address: 4500 W NEW HAVEN AVENUE MELBOURNE FL 32904-3324 US

3. Date Incorporated or Qualified: 07/15/1988
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2912540
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: [x] Yes [] No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLICER, CHARLES E.
28 CORDOVA ST
ST AUGUSTINE FL 32084

81 Name: EMO CORPORATE SERVICES, INC
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 3 Avenue
83 Suite 1100
84 City: Fort Laud. FL 85 Zip Code: 33301

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: Debra H. Christy, Asst. Sec. DATE: 3/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: TD
12.2 NAME: LOWELL, WILLIAM K.
12.3 STREET ADDRESS: 1420 GLEN EAGLES WAY
12.4 CITY-ST-ZIP: ROCKLEDGE FL
12.5 TITLE: SD
12.6 NAME: LOWELL, RAYMOND H. JR.
12.7 STREET ADDRESS: 2495 NEW YORK ST.
12.8 CITY-ST-ZIP: MELBOURNE FL

13.1 TITLE: [] Change [] Addition
13.2 NAME: [] Change [] Addition
13.3 STREET ADDRESS: [] Change [] Addition
13.4 CITY-ST-ZIP: [] Change [] Addition
13.5 TITLE: [] Change [] Addition
13.6 NAME: [] Change [] Addition
13.7 STREET ADDRESS: [] Change [] Addition
13.8 CITY-ST-ZIP: [] Change [] Addition
13.9 TITLE: [] Change [] Addition
13.10 NAME: [] Change [] Addition
13.11 STREET ADDRESS: [] Change [] Addition
13.12 CITY-ST-ZIP: [] Change [] Addition

14. I do 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 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: Raymond H. Lowell, Jr. DATE: 3-25-97 DAYTIME PHONE: 407-724-2050

CR2E034 (9/96)