

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **190741** (9)

1. Corporation Name
MOUW ASSOCIATES, INC.



Principal Place of Business
**409 NE 3RD STREET
DELRAY BEACH FL 33483
US**

Mailing Address
**P.O. BOX 2690
DELRAY BEACH FL 33447-2690
US**

3. Date Incorporated or Qualified **02/06/1956** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0761310		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. 25.		29. 30.					

9. Name and Address of Current Registered Agent

**MOUW, ARMAND
409 NE 3RD STREET
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD B. SMITH	1.2 NAME	
STREET ADDRESS	409 NE 3RD ST. DELRAY BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MOUW, ARMAND	2.1 TITLE	
NAME	409 NE 3RD ST	2.2 NAME	
STREET ADDRESS	DELRAY BCH, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP	P <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MOUW, RICHARD	3.1 TITLE	
NAME	409 NE 3RD STREET	3.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	V <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SMITH, ARNOLD	4.1 TITLE	
NAME	409 NE 3RD STREET	4.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 407/276-9640
Date Daytime Phone #

CR2E034 (12/95)