PROFIT CORPORATION ANNUAL REPORT 1999		MAY 1ST IS FLORIDA DEPART Kathering Secretary DIVISION OF CC	MENT OF STATE Harris of State	FILED Jan 21, 1999 8:0 Secretary of St	ate
DOCUMENT # 32	,			01-21-1999 90063 010 ***150.0	00
THE STOW BUILDING COP	PORATION) INNERA TELIN JINNE HERH ARIOK MINN TELINI DINIK KOMI NINI	81811 81871 1991
Principal Place of Business	Maili	ng Address			
6105 LEONARDO ST	6105	LEONARDO ST			
CORAL GABLES FL 33146	CORA	L GABLES FL 33146		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/14/1967	
2. Principal Place of Business	2a. M	ailing Address		4. FEI Number	pplied For ot Applicable
Suite, Apt. #, etc.	S	uite, Apt. #, etc.		5. Certificate of Status Desired 38.75	Additional equired
2 City & State	27	ity & State			May Be
3 Zip Country	28 Zi	ip	Country	Trust Fund Contribution Added 8. This corporation owes the current year Intangible	to Fees
4 25 9. Name and Addres:	29 s of Current Register	30 ed Agent	0	Personal Property Tax. Yes 10. Name and Address of New Registered Agent	No
HILMER, ARTHUR C JR			81 Name		
6105 LEONARDO ST			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33146			83		
-					
in the second			84 City		Code
Office or registered agent, or both, i	n the State of Florida.	Such change was auth	, the above-named cor	FL 85 Zip poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re-	registered
^{1,1} ^k office or registered agent, or both, i agent. I am familiar with, and accep SIGNATURE	n the State of Florida. In the obligations of, Se	Such change was auth ection 607.0505, Florid	the above-named cornorized by the corporat a Statutes.	PL	s registered egistered
Signature, typed or printed name of Signature, typed or printed name of OF	n the State of Florida. In the obligations of, Se	Such change was auth ection 607.0505, Florid / plicable. (NOTE: Re ORS	the above-named cor torized by the corporat a Statutes. Statutes. Sigistered Agent signature requir 13.	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	s registered egistered
A provide a set of the	n the State of Florida: to the obligations of, St fregistered agent and title if ap FICERS AND DIRECT	Such change was auth ection 607.0505, Florid	the above-named cor torized by the corporat a Statutes.	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ed when reinstating) DATE	DRS IN 12
AME Constraints of the second	n the State of Florida: ot the obligations of, St fregistered agent and title if ap FICERS AND DIRECT JR	Such change was auth ection 607.0505, Florid / plicable. (NOTE: Re ORS	the above-named corrorat torized by the corporat a Statutes. a Statutes. a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
AT office or registered agent, or both, i agent. I am familiar with, and accep SIGNATURE Signature, typed or printed name of 12. OF ITLE P HILMER, ARTHUR C, STREET ADDRESS 6105 LEONARDO ST CORAL GABLES FL	n the State of Florida: ot the obligations of, St fregistered agent and title if ap FICERS AND DIRECT JR	Such change was auth ection 607.0505, Florid / plicable. (NOTE: Re ORS	the above-named corrorate torized by the corporate a Statutes.	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
Imagent. I am familiar with, and acception SIGNATURE ITLE P HILMER, ARTHUR C, CORAL GABLES FL S TILE V HILMER, FRANCES F	n the State of Florida: of the obligations of, Se fregistered agent and title if ap FICERS AND DIRECT JR 33146	Such change was auth action 607.0505, Florid pilcable. (NOTE: Re ORS	the above-named corrorat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TILE 2.2 NAME	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12
ATT office or registered agent, or both, i agent. I am familiar with, and accept SIGNATURE Signature. typed or printed name of 12. OF ITLE P HILMER, ARTHUR C, 6105 LEONARDO ST CORAL GABLES FL S ITLE V HILMER, FRANCES F TREET ADDRESS 6105 LEONARDO ST	n the State of Florida: of the obligations of, Se fregistered agent and title if ap FICERS AND DIRECT JR 33146	Such change was auth action 607.0505, Florid pilcable. (NOTE: Re ORS	the above-named corporat a Statutes. spistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12
All office or registered agent, or both, i agent. I am familiar with, and accept SIGNATURE Signature. typed or printed name of 12. OF ITLE P HILMER, ARTHUR C, 6105 LEONARDO ST CORAL GABLES FL ITLE V IAME HILMER, FRANCES F TREET ADDRESS 6105 LEONARDO ST TREET ADDRESS 6105 LEONARDO ST	n the State of Florida: of the obligations of, Se registered agent and the if ap FICERS AND DIRECT JR. 33146	Such change was auth action 607.0505, Florid pilcable. (NOTE: Re ORS	ithe above-named cortorized by the corporat a Statutes. igistered Agent signature required as the corporation of the co	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12
All office or registered agent, or both, i agent. I am familiar with, and accer SIGNATURE I2. OF ITLE P IAME HILMER, ARTHUR C, 6105 LEONARDO ST CORAL GABLES FL S ITLE V IAME HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL S ITLE V INTREET ADDRESS ITY-ST-ZIP CORAL GABLES FL S ITY-ST-ZIP CORAL GABLES FL S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST ITLE T ITLE T ITLE S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST ITLE S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST ITLE S ITY-ST-ZIP ST CORAL GABLES FL S ITY-ST-ZIP ST ITLE S ITY-ST-ZIP ST ITLE S ITY-ST-ZIP ST ITLE S ITY-ST-ZIP ST ITTE ST ITTE S ITY-ST-ZIP ST ITTE S ITY-ST-ZIP ST ITY-ST-ZIP ST ITY-ST ITY-ST-ZIP ST ITY-ST-ZIP ST ITY-ST-ZIP ST ITY-	n the State of Florida: the obligations of, Se registered agent and the if ap FICERS AND DIRECT JR 33146 33146	Such change was auth action 607.0505, Florid plicable. (NOTE: Re ORS	ithe above-named corrorized by the corporat a Statutes. igistered Agent signature required in the corror of the corror	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re- ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	DRS IN 12
office or registered agent, or both, i argent. I am familiar with, and accepsion signature. Hyped or printed name of the signature. Hild and the signature. Hyped or printed name of the signature. Signature. Hyped or printed name of the signature. Hild and the signature. Hyped or printed name of the signature. Hyped or printed name of the signature. Hyped or printed name of the signature. Hild and the signature. Hyped or printed name of the signature. Hild and the signature. Hyped or printed name of the signature. Hyped or printed name of the signature. Hild and the signature. Hyped or printed name of the sig	n the State of Florida: the obligations of, Se registered agent and the if ap FICERS AND DIRECT JR 33146 33146	Such change was auth action 607.0505, Florid plicable. (NOTE: Re ORS	the above-named cortorized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. b	PL poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re- ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change	a registered agistered ag
AME OFfice or registered agent, or both, i agent. I am familiar with, and accers SIGNATURE Signature. typed or printed name of t2. OF TITLE P HILMER, ARTHUR C, 6105 LEONARDO ST CORAL GABLES FL CORAL GABLES FL TITLE V HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL TITLE V HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL TTLE T MAME SITY-ST-ZIP TILE T AME NOT STATE SITY-ST-ZIP TILE S HILMER, ARTHUR C	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid	the above-named cortorized by the corporat a Statutes. gistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	PL	a registered agistered ag
Arrest address SIGNATURE SIGNAT	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid	the above-named cor torized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Street Address a City-ST-ZIP a TITLE a STREET ADDRESS a City-ST-ZIP a STREET ADDRESS a City-ST-ZIP a STREET ADDRESS a City-ST-ZIP a STREET ADDRESS a City-ST-ZIP a STREET ADDRESS a STREET ADDRESS a STREET ADDRESS b City-ST-ZIP a STREET ADDRESS b City-ST-ZIP b City-ST-ZIP b City-ST-ZIP b City-ST-ZIP b City-ST-ZIP b City-ST-ZIP b City-ST-ZIP c City-ST-ZIP	PL	a registered agistered ag
Arr office or registered agent, or both, i agent. I am familiar with, and accep SIGNATURE Signature. typed or printed name of 12. OF TILE P HILMER, ARTHUR C, TREET ADDRESS 6105 LEONARDO ST CORAL GABLES FL OF TILE V HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL OF TILE V HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL OF TILE T AME TREET ADDRESS 92 RIVERSIDE AVE 92 RIVERSIDE AVE STATUST. ZIP RIVERSIDE AVE STATUST. ZIP CORAL GABLES FL OF TILE S AME HILMER, ARTHUR C TREET ADDRESS 62 S MAIN ST TILE S AME SSEX CT 06426 TILE	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid	the above-named cortorized by the corporat a Statutes. sistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	PL	a registered agistered ag
Ame P ITLE P HILMER, ARTHUR C, 6105 LEONARDO ST CORAL GABLES FL S CORAL GABLES FL S ITLE V AME HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL S TTLE V AME HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL S TTLE V AME HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL S TTLE V AME HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL S TTLE T AME S ITREET ADDRESS 92 RIVERSIDE AVE ITV-ST-ZIP S AME HILMER, ARTHUR C TREET ADDRESS 62 S MAIN ST TTLE S AME HILMER, ARTHUR C RIVERSIDE CT 06426 T TTLE S AME HILMER, ARTHUR C RESEX CT 06426 T TTE AME ME S	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid	the above-named cortorized by the corporat a Statutes. sistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		a registered agistered ag
AME TREET ADDRESS TREET ADDRESS AME HILMER, ARTHUR C, CORAL GABLES FL C TREET ADDRESS HILMER, ARTHUR C, CORAL GABLES FL C HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL C HILMER, FRANCES F 6105 LEONARDO ST CORAL GABLES FL C TREET ADDRESS TREET ADDRESS THE S AME HILMER, ARTHUR C CORAL GABLES FL C TREET ADDRESS THE S AME HILMER, ARTHUR C TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid ORS DELETE DELETE DELETE DELETE DELETE DELETE	the above-named cortorized by the corporat a Statutes. sistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	PL	a registered agistered ag
Ame P SIGNATURE Signature. hyped or printed name of prind name of printed name of prind name of printed name of	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid	the above-named cor torized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Street Address 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		a registered agistered ag
All office or registered agent, or both, i are familiar with, and acception of the second	n the State of Florida: the obligations of, Se registered agent and title if ap FICERS AND DIRECT JR 33146 	Such change was auth action 607.0505, Florid ORS DELETE DELETE DELETE DELETE DELETE DELETE	the above-named cor torized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Street Address a City-ST-ZIP a TITLE a NAME a STREET ADDRESS a City-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS b City-ST-ZIP c Address c A City-ST-ZIP c A City-ST-ZI	PL	a registered agistered ag
Ame Office 'or registered agent, or both, i are familiar with, and acception of printed name of signature. Hyped or printed name of signature. Hyped or printed name of the signature. HillMER, ARTHUR C, the signature of the signature. Signatu	n the State of Florida: the obligations of, Se registered agent and the if ap FICERS AND DIRECT JR 33146 33146 1 1 1 1 1 1 1 1 1 1 1 1 1	Such change was auth action 607.0505, Florid ORS DELETE DELETE DELETE DELETE DELETE DELETE	ihe above-named cortorized by the corporat a Statutes. istered Agent signature requir 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 5.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP 6.2 NAME	PL	a registered agistered ag