Mailing Address

1640 CAPE HOPE AV NE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 384230

1. Corporation Name

Principal Place of Business

1640 CAPE HOPE AVE NE

BOWMAN DEVELOPMENT CORPORATION

APT 4 APT 4									
ST PETE FL 337	702	ST PETE FL 33702				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 06/21/1971			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-1376074		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional	
22		27	27			5, Certificate of Otalias Desired	F00	Required	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29 3	30			Personal Property Tax. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
OOL DOTTING A APPLY				1 Na	me	9			
	OSTEIN, LARRY		82 Street Addre		ress (P.O. Box Number is Not Acceptable)				
	38TH AVE				_				
	E A-1		. 8	3					
\$1 P	ETERSBURG FL 33710		8	4 Cit	у	· EI	85 Zi	p Code	
			<u>.</u>			FL	handing	ite registered	
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						militar randaling/	DIBEC	TOPS IN 12	
12.	PDT OFFICERS AND	DELETE	13.	,		ADDITIONS/CHANGES TO OFFICERS ANI	Chang		
TITLE .					1			,	
NAME	BOWMAN, WILLIAM JR.		1.2 NAM						
STREET ADDRESS	OT DETERORISO EL COTO			ET ADDF		640 Cape Hope Av., N.E.		ļ	
CITY-ST-ZIP,			1.4 CITY		_S1	t. Petersburg, FL 33	/ () /2.	e Addition	
TITLE	V ·	☐ DELETE 2.11		•			XICIAN	le Myoginou	
NAME			2.2 NAME						
STREET ADDRESS	· ·		2.3 STREET ADDRESS C		ESS 0 /	705 Wood Meadow Loop			
CITY-ST-ZIP					Bi	radenton, FL 34202			
TITLE	•		3.1 TITU	Ė	}	•	X Chang	ge	
NAME	KŅOX, LOYCE L 🗼		3.2 NAM	E	ر ـ ا	CAO Como Diama Aria III	- μ	, i	
STREET ADDRESS	110 28TH AVE, N					640 Cape Hope Av., N.I		''	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		3.4. CITY	'-\$T-ZIP	St	t. Petersburg, FL 33	3702	g-mg A (1)a)	
tπLE		☐ DELETE	4.1 TITLE	E		i	Chang	ge 🗌 Addition (
NAME			4.2 NAM		}			ļ	
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CITY-ST-ZIP			4.4 CITY	-ST-ZIP				-	
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NAME			5.2 NAM			·			
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CITY-ST-ZIP				CITY-ST-ZIP					
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NAME 🚓	4.1466036 H 1.116		6.2 NAM	E		•			
STREET ADDRESS	property of the Business was a first of the second of the		6.3 STR	ET ADDI	RESS			l	

6.4 CITY-ST-ZIP

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 open attachment with an address with all other like empowered. 4/14/99

Apr 20, 1999 8:00 am Secretary of State

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