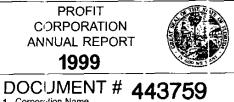
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90004 022 ***150.00

FOWLER	R SAILS, INC.						
Principal P ac	e of Business	Mailing Address			* 100111 01011 61006 11111 12001 91116 1011 0	ikii midil Afêli midi	1 8: Ett 81917 1891
2210 N.W. 14 STREET #10 2210 N.W. 14 STREET #10 MIAMI FL 33125 MIAMI FL 33125				DO NOT WRITE IN T	FIS SPACE		
					3. Date Incorporated or Qualifed		
					02/28/1974		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Δ	priled For
26		26			59-1593055	1	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					A iditional
22		27			5. Certifcate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	tc Fees
Zip	Courtry Zip		Count	гу	8. This corporation owes the current year		
24			30		Persor al Property Tax.	Yes	_ ⊒No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	red Agent	
Fort	WED CHADIES A		8	1 Name			
FOWLER, CHARLES A				2 Street Acd	ress (P.O. Box Number is Not Acceptable)		
2210 NW 14 ST 10			_				
	MI, FL		8	3			
33125				4 City		. 85 Zip	Code
				1 1		 - 	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu e	es, the abo	ve-named con	poration submits this statement for the purpos	e of changing it	ts registered
office or r	registered agent, on both; in the State	of Florida. Such change was au ations of Section 607.0505. Flor	ithorized to ida Statut	y the corporati	poration submits this statement to the purposition's board of circotors. I hereby accept the a	ppointment as i	egistered
		1			A STATE OF THE STA		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTI:	Registered A	gent signature requir	ed when reinstating) DAT		
12.	OFFICERS A	NE DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICER		
TITLE	VSD	☐ DELETE	1.1 Title			Change	e ☐ Addition
NAME	FOWLER, NANCY W		1.2 NAM	E			
STREET ADDRESS	270 NE 48TH TERR		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000 33137		1.4 CITY	-ST-ZIP			
TITLE	DTP	☐ DELETE	2.1 TITLE			Change	e
NAME	FOWLER, CHARLES A.		2.2 NAM	E.			
STREET ADDRESS			2.3 STR	ET ADDRESS			
CITY-ST-ZIP			2. 4 C/TY	-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE			Change	Addition
NAME	FOWLER, CHARLES		3.2 NAM	E			
 STREET ADDRESS	004 N.E. 40 TERR		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	iE			
STREET ADDRESS	1		4.3 STRE	ET ADDRESS			i
CITY-ST-ZIP			4.4 CITY	Į.			-
TITLE							
		☐ DELETE	5.1 TITLE			Change	Addition
NAME		☐ DELETE	_			Change	Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

. .

STREET ADDRES 3

CITY-ST-ZIP

NAME . ~

STREET ADDRES

TITLE

DELETE ...

305 638-8885

□ Change

THE PROPERTY OF THE PROPERTY O

☐ Addition