2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am DOCUMENT # 443759

FOWLER SAILS, INC.						04-24-2001	90263 029 ***1	50.00	
Principal Place of Business 803 NW 25TH AVE IIAMI FL 33142-5347			Mailing Address 3803 NW 25TH AVE MIAMI FL 33142-5347						
2. Principal P	ace of Business		3. Mailing Address		,				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-1593055 Applied For			Applied For Not Applicable
Zip Country			Zip Country		. ~	_5. Certificate of	Status Desired	\$9.75	dditional
	6. Name and A	ddress of Current R	legistered Agent	<u> </u>	l	7. Name and A	ddress of New Re	gistered Agent	
				N	lame				
FOWLER, CHARLES A 3803 NW 25TH AVE MIAMI FL 33142-5347			Street Addre		itreet Address (F	s (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33142-5347			C	ity			FL Zip C	ode
SIGNATURE!	Signature, typed or printed	name of registered agent ar	d title if applicable. NOT	E: Registered Age	ent signature required	when reinstating)	en e	DATE	
9. This corporate filling r	Signature, typed or printed	name of registered agent are satisfy its Intangible	to the second se	E Registered Age III FEE IS 101 Fee will	\$150.00 I be \$550.00	10. Elect	ilon Campaign Fina Fund Contribution	incing \$5	.00 May Be
9. This corpo Tax filing r (See criter	Signature, typed or printed praction is eligible to requirement and ele	name of registered agent ar satisfy its Intangible acts to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	E Registered Age III FEE IS 101 Fee will	\$150.00 I be \$550.00	10. Elect Trust	ion Campaign Fina Fund Contribution	incing \$5	led to Fees
9. This corporate filling respectively. 11. TITLE NAME STREET ADDRESS	Signature: typed or printed or pr	oname of registered agent and satisfy its Intangible acts to do so. OFFICERS AND COMMENT OFFICERS AND COMMEN	FILE NOW! After MAY 1, 20 Make Check Payab	III FEE IS 001 Fee will ole to Depa	\$150.00 be \$550.00 rtment of State	ADDITIONS/CI	HANGES TO OFFICE	ancing \$5	DRS IN 11
9. This corportant filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature typed or printed or pri	orane of registered agent an satisfy its Intangible lets to do so. OFFICERS AND E OFFICERS AND E OFFICERS AND E RLES A. AVE	FILE NOW! After MAY 1, 20 Make Check Payab	PROGRAMME Registered Age 27 27 27 27 27 27 27 27 27 2	\$150.00 I be \$550.00 I be \$550.00 I be \$750.00 I be \$750.	10. Elect Trust ADDITIONS/CI	HANGES TO OFFICE	Add	DRS IN 11 e
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indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Manay W. Fowler NANCYW. FowLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. PRES.