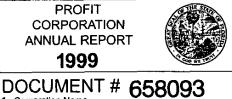
**PROFIT** CORPORATION ANNUAL REPORT 1999

LOWENSTEIN ASSOCIATES, INC.

1. Corporation Name



ELORIDA DEPARTMENT DE STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90325 021 \*\*\*150.00

FILED



Mailing Address Principal Place of Business 4509 QUEENS PALM LANE 4509 OUEENS PALM LANE TAMARAC FL 33319 TAMARAC FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/06/1980 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2090228 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing  $\Box$ Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation owes the current year Intangible Zip ] Yes □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOWENSTEIN, IRVING E. Street Address (P.O. Box Number is Not Acceptable) 82 **4509 QUEENS PALM LANE** TAMARAC FL 33319 83 84 Zip Code City

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1,1 TITLE TITLE LOWENSTEIN, IRVING E. 1.2 NAME NAME **4509 QUEENS PALM LANE** 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 1,4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE LOWENSTEIN, PEARL 22 NAME NAME 4509 QUEENS PALM LANE 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C/TY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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 suppliemental 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 title receives 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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)