

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 15 PM 4:01

1. Name of Limited Partnership

1a. DOCUMENT #

BOWLER, Ltd

A97000002243

Mailing Address

Principal Office Address

*PO BOX 5010
Boca Raton FL 33431-0810*

*2295 Corporate Blvd NW Suite 222
Boca Raton, FL 33431*

3. Date Formed or Registered

3a. Date of Last Report

4. State or Country of Formation

6. FEI Number

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record

5b. Amount of Capital Contributions in FLORIDA to date:

100

☐ Applied For
☐ Not Applicable

☒ \$8.75 Additional Fee Required

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FL

65-0788605

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

*Herrick, Norton
2295 Corp Blvd NW 222
Boca Raton, FL 33431-0810*

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

600002376766--2

-12/18/97--01089--003

****165.00 FL ***165.00*

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

G-P BOW, Inc.

2295 Corporate Blvd NW 222

Boca Raton FL 33431

P97000089326

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

VP DATE *12/9/97*

Typed or Printed Name of General Partner Signing Form

G-P BOW, Inc. By Howard Herrick

VP

Daytime Telephone Number *561-241-9880*

CR2E003 (6/97)