

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000002207 (7)**

1. Corporation Name  
**COWLEY ENGINEERING, P.C.**



Principal Place of Business: **P.O. BOX 470756 CHARLOTTE NC 28247**  
Mailing Address: **P.O. BOX 470756 CHARLOTTE NC 28247**

3. Date Incorporated or Qualified: **05/05/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **56-1843502**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business  
21. \_\_\_\_\_  
Suite, Apt. #, etc: \_\_\_\_\_  
22. \_\_\_\_\_  
City & State: \_\_\_\_\_  
23. \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
24. \_\_\_\_\_ 25. \_\_\_\_\_  
2a. Mailing Address  
26. \_\_\_\_\_  
Suite, Apt. #, etc.: \_\_\_\_\_  
27. \_\_\_\_\_  
City & State: \_\_\_\_\_  
28. \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
29. \_\_\_\_\_ 30. \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**COWLEY, ANDRES M.D.  
2601 S.W. 37 AVENUE, SUITE 905  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_  
B5 Zip Code: **FL** \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature type for printed name of registered agent as 1996: (if applicable) (NOTE: Registered Agent signature required when not blank)

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>COWLEY, JORGE</b>	
STREET ADDRESS	<b>12911 LOW MEADOW COURT</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COWLEY, DEBORAH</b>	
STREET ADDRESS	<b>12911 LOW MEADOW COURT</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jorge Cowley* **Jorge Cowley** **7/3/96** **704-588-1513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (3/96)