

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90065 012 \*\*\*150.00

DOCUMENT # F97000001761

1. Corporation Name  
LOWELL JEEP INC.



Principal Place of Business  
949 BANYAN DR  
DELRAY BEACH FL 33483

Mailing Address  
949 BANYAN DR  
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2304127	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

DESANTIS, RICHARD C  
1023 N. FEDERAL HWY  
DELRAY FL

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, MARY E	1.2 NAME	
STREET ADDRESS	70 TIFFANY CIRCLE	1.3 STREET ADDRESS	906 IRIS DRIVE
CITY-ST-ZIP	WEST BRIDGEWATER MA 02379	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, RICHARD SR	2.2 NAME	
STREET ADDRESS	70 TIFFANY CIRCLE	2.3 STREET ADDRESS	906 IRIS DRIVE
CITY-ST-ZIP	WEST BRIDGEWATER MA 02379	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, RICHARD C JR	3.2 NAME	
STREET ADDRESS	949 BANYAN DR	3.3 STREET ADDRESS	107 GROTON ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	NASHUA, NH 03062
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, MIRIAM J	4.2 NAME	
STREET ADDRESS	949 BANYAN DR	4.3 STREET ADDRESS	107 GROTON ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	NASHUA, NH 03062
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99

Date

1-603-579-3607

Daytime Phone #

CR2E034 (1/98)