

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G01304 (6)  
1. Corporation Name  
LOWE ASSOCIATES, INC.

Principal Place of Business  
197 OLD COUNTRY RD.  
WEST PALM BCH FL 33414

Mailing Address  
197 OLD COUNTRY RD  
WEST PALM BCH FL 33414  
US

FILED  
Sep 16 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4803 GEORGIA AV. Suite, Apt. #, etc.		2a. Mailing Address 26 4803 GEORGIA AV. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/24/1982		3a. Date of Last Report 06/03/1996	
22 City & State 23 WEST PALM BCH FL Zip Country 24 33405 25 USA		27 City & State 28 WEST PALM BCH FL Zip Country 29 33405 30 USA		4. FEI Number 59-2244929		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LOWE, PHILLIP M  
197 OLD COUNTRY RD.  
WEST PALM BCH FL 33414

10. Name and Address of New Registered Agent

81 Name  
SUSAN L. LOWE  
82 Street Address (P.O. Box Number is Not Acceptable)  
4803 GEORGIA AV.  
83  
84 City  
WEST PALM BEACH FL  
85 Zip Code  
33405

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

*Susan Lowe*

9/8/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	LOWE, SUSAN L	
STREET ADDRESS	197 OLD COUNTRY RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	LOWE, PHILLIP M	
STREET ADDRESS	197 OLD COUNTRY RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
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	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOWE, SUSAN L.	
1.3 STREET ADDRESS	3701 S. FLAGLER APT. B101	
1.4 CITY-ST-ZIP	WEST PALM BCH. 33405	
2.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOWE, PHILLIP M.	
2.3 STREET ADDRESS	632 H-3 SEA PINE WAY	
2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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 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.

SIGNATURE

*Susan Lowe*

9/8/97 561-832-8335

CR2E034 (4/97)