

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G42323** (7)

1. Corporation Name
BOWLINE, INC.



Principal Place of Business

**PO BOX 11180
FT. LAUDERDALE FL 33339-1180**

Mailing Address

**PO BOX 11180
FT. LAUDERDALE FL 33339-1180**

2. Principal Place of Business

21 **2888 E. Oakland Park Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22

City & State

23 **Fort Lauderdale, FL**

27

City & State

24 **33306**

25 **USA**

29

Zip

30

Country

3. Date Incorporated or Qualified

06/06/1983

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2319247

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

9. Name and Address of Current Registered Agent

**BEYER, RUSSELL
3015 W. OCEAN BLVD., APT. 3H
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

Russell Beyer

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

3015 North Ocean Blvd

83

Apartment #3H

84 City

Ft. Lauderdale

FL

85 Zip Code
33308

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

Russell Beyer

Russell Beyer, Registered Agent

February 19, 1996

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

(NOTE: Registered Agent signature required when not stubbed)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PDS
BENJAMIN, ALVIN
377 OAK STREET
GARDEN CITY NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PDST ☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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

SIGNATURE: *Alvin Benjamin* **OAS**

Alvin Benjamin, President

Feb , 1996 (516)745-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR DAY/PHONE #

CR2E034 (12/95)