

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:48

DOCUMENT # **H40908** (6)

1. Corporation Name
LOEWENSTEIN, INC.

Principal Place of Business
**1801 NORTH ANDREWS EXTENSION
POMPANO BCH. FL 33069**

Mailing Address
**2665 SOUTH BISHORE DR.
8TH FLOOR
MIAMI FL 33133-5401**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/04/1985** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2504882** 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

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip Country
24 25

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, PETER W.
2665 SOUTH BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133-5401**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	SP
NAME	HALEY, MICHAEL P.
STREET ADDRESS	206 E. FRAZIER AVE
CITY - ST - ZIP	LIBERTY NC
TITLE	D
NAME	PHILLIP, GEORGE T MD
STREET ADDRESS	2665 S. BAYSHORE DR. 8TH FLOOR
CITY - ST - ZIP	MIAMI FL 33133-5401
TITLE	BO D/Chairman/CEO/P
NAME	POWELL, EARL W.
STREET ADDRESS	2665 S BAYSHORE DR #801
CITY - ST - ZIP	MIAMI FL
TITLE	P /COO-Loewenstein Division
NAME	WATTS, CRAIG R.
STREET ADDRESS	1801 N.ANDREWS AVE
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	S
NAME	KLEIN, PETER W.
STREET ADDRESS	2665 S BAYSHORE DR 8TH
CITY - ST - ZIP	MIAMI FL
TITLE	VI
NAME	CAMPAGNA, GEORGE W.
STREET ADDRESS	1801 N ANDREWS AVE EXT
CITY - ST - ZIP	POMPANO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. 2 NAME	Baumgardner, Craig R.
1. 3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
1. 4 CITY - ST - ZIP	Miami, Florida 33133
2. 1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. 2 NAME	Tortorici, Vincent A.
2. 3 STREET ADDRESS	1 Independence Plaza
2. 4 CITY - ST - ZIP	Birmingham, Alabama 35209
3. 1 TITLE	VP-Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. 2 NAME	Backer, Leonard J.
3. 3 STREET ADDRESS	1801 N. Andrews Extension
3. 4 CITY - ST - ZIP	Pompano Beach, Florida 33061
4. 1 TITLE	P-Futon Division <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. 2 NAME	Haworth, Michael W.
4. 3 STREET ADDRESS	601 Walsh Avenue
4. 4 CITY - ST - ZIP	Santa Clara, California 95050
5. 1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. 2 NAME	Kuffner, Marilyn D.
5. 3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
5. 4 CITY - ST - ZIP	Miami, Florida 33133
6. 1 TITLE	P/COO-Southern Wood Division <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. 2 NAME	Levendosky, Adam L.
6. 3 STREET ADDRESS	Route 10, Box 241
6. 4 CITY - ST - ZIP	Sparta, Tennessee 38583

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn D. Kuffner* **Marilyn D. Kuffner, Assistant Secretary** 03/07/95 305-858-2200
Signature typed or printed name of signing officer or director

AL1009 08

Loewenstein, Inc. (#H40908) - Director/Officer continued

Controller-Gregson Division
Sowinski, David M.
P.O. Box 1269
Liberty, North Carolina 27298

VP-Manufacturing
Wood, C. Prim
1801 North Andrews Extension
Pompano Beach, Florida 33061

P-Gregson Division
Wooten, Chester W.
P.O. Box 1269
Liberty, North Carolina 27298