

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 # **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**

3. Date Incorporated or Qualified: **02/04/1985**
3a. Date of Last Report: **04/03/1995**

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

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

9. Name and Address of Current Registered Agent: **KLEIN, PETER W. 2665 SOUTH BAYSHORE DRIVE 8TH FLOOR MIAMI FL 33133-5401**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP - TORTORICI, VINCENT A. 1 INDEPENDENCE PLAZA BIRMINGHAM AL	1.1 TITLE	CHAIRMAN OF THE BOARD
NAME		1.2 NAME	KARL DOWELL
STREET ADDRESS		1.3 STREET ADDRESS	2665 S. BAYSHORE DR. SUITE 800
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	VP BACKER, LEONARD J. 1801 N. ANDREWS EXTENSION POMPANO BEACH FL	2.1 TITLE	BOARD MEMBER
NAME		2.2 NAME	PHILLIP GEORGE
STREET ADDRESS		2.3 STREET ADDRESS	2665 S. BAYSHORE DR. SUITE 800
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	P HAWORTH, MICHAEL W. 601 WALSH AVENUE SANTA CLARA CA	3.1 TITLE	BOARD MEMBER - PRESIDENT
NAME		3.2 NAME	BOBBIY TRENKLY
STREET ADDRESS		3.3 STREET ADDRESS	201 CAHABA VALLEY Pkwy.
CITY-ST-ZIP	SANTA CLARA CA	3.4 CITY-ST-ZIP	PHELHAM, AL. 35124
TITLE	AS KUFFNER, MARILYN D. 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL	4.1 TITLE	V.P.
NAME		4.2 NAME	LEONARD BACKER
STREET ADDRESS		4.3 STREET ADDRESS	1801 N. ANDREW AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	POMPANO, BEACH FL.
TITLE	PCOO LEVENDOSKY, ADAM L. ROUTE 10, BOX 241 SPARTA TE	5.1 TITLE	SECRETARY
NAME		5.2 NAME	PETER KLEIN
STREET ADDRESS		5.3 STREET ADDRESS	2665 S. BAYSHORE DR. SUITE 800
CITY-ST-ZIP	SPARTA TE	5.4 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	VP - FINANCE / TREASURER GEORGE W. CAMPBELL 1778 N.W. 91ST AVE PLANTATION, FLORIDA	6.1 TITLE	PRESIDENT - DIVISION
NAME		6.2 NAME	R. CRAIG WATTS
STREET ADDRESS		6.3 STREET ADDRESS	1801 N. ANDREW
CITY-ST-ZIP	PLANTATION, FLORIDA	6.4 CITY-ST-ZIP	POMPANO BEACH FL

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: George W. Campbell V.P. FINANCE 2/29/96 305-960-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)