

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H40908 (6)

1. Corporation Name
LOEWENSTEIN, INC.

Principal Place of Business 1801 NORTH ANDREWS EXTENSION POMPANO BCH. FL 33069	Mailing Address 2685 SOUTH BISHORE DR. 8TH FLOOR MIAMI FL 33133-5401
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/04/1985	
4. FEI Number 59-2504882	Applied For <input type="checkbox"/> 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 Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KLEIN, PETER W.
 2685 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

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 is acceptable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP/T/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORTORICI, VINCENT A.	1.2 NAME	Vincent A. Tortorici
STREET ADDRESS	1 INDEPENDENCE PLAZA	1.3 STREET ADDRESS	201 Cahaba Valley Parkway
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Pelham, AL
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, LEONARD J.	2.2 NAME	
STREET ADDRESS	1801 N. ANDREWS EXTENSION	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESNEY, BOBBY	3.2 NAME	Bobby Tesney
STREET ADDRESS	201 CAHABA VALLEY PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM AL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFFNER, MARILYN D.	4.2 NAME	Marilyn D. Kuffner
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, PETER	5.2 NAME	
STREET ADDRESS	2685 S ABYSHORE DR STE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, R. CRAIG	6.2 NAME	
STREET ADDRESS	1801 N ANDRES EXTENSION	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 of this filing, or on an appointment with an address

SIGNATURE: *M. D. Kuffner*, Marilyn D. Kuffner, Secretary 4-28-98 305/853-2200

CR2E034 (10/97)