

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K96044 (8)			
1. Corporation Name BOWEN TV & APPLIANCES, INC.			
Principal Place of Business % MARK R. WHITE 411 JONES AVE. HAINES FL 33844		Mailing Address % MARK R. WHITE 411 JONES AVE. HAINES FL 33844	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, MARK R. 11 C STREET HAINES CITY FL 33844		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 Signature typed or printed name of registered agent and title, if applicable. (If title Registered Agent signature required when filing change, then DATE)			
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WHITE, MARK R.	1.1 TITLE	
STREET ADDRESS	11 C STREET	1.2 NAME	
CITY - ST - ZIP	HAINES CITY FL	1.3 STREET ADDRESS	
TITLE	S	1.4 CITY - ST - ZIP	
NAME	WHITE, DIANE M.	2.1 TITLE	
STREET ADDRESS	11 C STREET	2.2 NAME	
CITY - ST - ZIP	HAINES CITY FL	2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	
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: <i>Mark R. White</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (12/95)

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--- NOTICE TO STOCKHOLDERS ---

TO: ALL STOCKHOLDERS OF RECORD

FROM: BOWEN TV & APPLIANCES, INC.
411 JONES AVENUE
HAINES CITY, FLORIDA 33844

EIN: 59-2972487

DATE: JANUARY 1, 1996

SUBJECT: ELECTION BY CORPORATION TO PAY FLORIDA
INTANGIBLE TAX

THE CORPORATION HAS ELECTED TO PAY THE FLORIDA INTANGIBLE TAX AS
AGENT FOR THE STOCKHOLDERS OF THE CORPORATION FOR THE CALENDAR YEAR
1996.

THIS NOTICE IS BEING PROVIDED TO YOU PURSUANT TO THE REQUIREMENTS
OF THE STATE OF FLORIDA STATUTES.

BOWEN TV & APPLIANCES, INC.