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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 07 1997 8:00am

Secretary of State

1-31-97 407-843-1103

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98277

(2)

O.A. LOWE, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business Mailing Address 1706 EDGEWATER DR 1706 EDGEWATER DR ORLANDO FL 32804 ORLANDO FL 32804			· ·			(126,541 912 12191 54115 HB(1 54211 1681	geni Mali Alaki :	Sibil Billii	AIRIE IREE
			06 EDGEWATER DR RLANDO FL 32804-5823)					
						3. Date Incorporated or Qualified	3a. Date o	of Last Re	eport
						06/27/1989	04/18/	1996	
2. Principa ¹ Pl	lace of Business	28.	Mailing Address			4. FEI Number			plied For
21		26				59-2955049		No	t Applicable
Suite, Apt :	#, etc.	ļ _.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional
[22]		27	City & State					Fee Re	
City & State	3	امما	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	
Zip	Country	28	Zip	Cour	ntru			Added t	
24	25	29	F-92	30	,	This corporation has liability for Florida Statutes	intangible tax]Yes ☑ N		199.032,
34	9. Name and Address		tered Agent	1301		10. Name and Address of New Re		."	
MAD	KS, ROBERT O.	<u>.</u>			81 Name	· · · · · · · · · · · · · · · · · · ·			
	E. ROBINSON ST., SU	HTF AAS		-	82 Street Add	dress (P.O. Box Number is Not Acceptab	\a\		·····
	ANDO FL 32801	JII 000		ľ	DZ SIEGE AUC	bress (F.O. Box Number is Not Acceptat	ie)		
0112	TWOO I E SESSI			Ţ	83				
				ļ.	84 City			el 7	^
				1	64 City		FL 8	5 Zip (Jode
11. Pursuant t	to the provisions of Section	ons 607.0502 and 6	07.1508, Florida Statu	tes, the ab	ove-named cor	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of cha	anging it	s registered
OHIGE OF R	egisterett agent, or born,	nt the state of Floric	, Section 607.0505, F	lorida Stati	top the corpora	ation's board of offectors, I hereby accept	or the appoint	meni as	registered
agent. Far	m tamiliar with, and accej	pume obligations of			ues.				
-	m familiar with, and acce	pune obligations of	,		nes.				
SIGNATURE	Signature typnolor printed naturic	Freqistered agent and title	r'applicable [NO	TE: Registered		when reinstating)	DATE		
SIGNATURE	Significant typing or primed frame of OF		r applicable (NO	TE: Registered	Agent signature requ	ulied when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIF		
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