SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 SEP 12 PM 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99632 (7)

1. Corporation Name
TROW, INC.

Principal Place of Business	Mailing Address
C/O BOB TROWBRIDGE 3059 WEST PLANTATION PINES COURT LECANTO FL 34461 US	C/O BOB TROWBRIDGE 3059 WEST PLANTATION PINES COURT LECANTO FL 34461 US

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business (21)	2a. Mailing Address (26) C/O Danny Cook
Suite, Apt #, etc (22)	Suite, Apt #, etc (27) Americas Industrial Realty
City & State (23)	City & State (28) 10598 NW South River Drive
Zip (24) Country (25)	Zip (29) MIAMI, FL Country (30) 33178 USA

4. FEI Number: **65-0126588** ☐ 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

BOB TROWBRIDGE
3059 WEST PLANTATION PINES COURT
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name: Raymond L. Robinson, PA
82 Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon Blvd
83 Suite 701
84 City: Coral Gables 85 FL Zip Code: 33134

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] [signature] 6-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	TROWBRIDGE CHARLES R.	
STREET ADDRESS	14691 SW 21ST ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	☐ DELETE
NAME	TROWBRIDGE, ROBERT	
STREET ADDRESS	3059 WEST PLANTATION PINES COURT	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	☐ DELETE
NAME	TROWBRIDGE, LOREN	
STREET ADDRESS	3059 WEST PLANTATION PINES COURT	
CITY-ST-ZIP	LECANTO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	000001959431	
1.3 STREET ADDRESS	-09/27/96--01016--005	
1.4 CITY-ST-ZIP	****225.00 ****225.00	
2.1 TITLE	D, Pres	☐ Change ☒ Addition
2.2 NAME	same	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, Sec.	☐ Change ☒ Addition
3.2 NAME	same	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/18/96 305-883-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #