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 # L52031 (6)

1. Corporation Name
DOW GROUP, INC.

Principal Place of Business
C/O RICHARD E. O'BRIEN
1592 AIA
SATELLITE BEACH FL 32937

Mailing Address
C/O RICHARD E. O'BRIEN
1592 AIA
SATELLITE BEACH FL 32937

2. Principal Place of Business
21 1680 Hwy A1A
Suite, Apt. #, etc.
22 Satellite Beach, FL
City & State
23 Satellite Beach, FL
Zip 24 32937 Country 25

2a. Mailing Address
26 1680 Hwy A1A
Suite, Apt. #, etc.
27 Suite 1
City & State
28 Satellite Beach, FL
Zip 29 32937 Country 30

3. Date Incorporated or Qualified: 02/20/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2998455 ☐ 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
O'BRIEN, RICHARD E.
1592 HIGHWAY AIA
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name: Chris J. DeMarco
82 Street Address (P.O. Box Number is Not Acceptable): 1680 Hwy A1A Suite 1
83
84 City: Satellite Beach FL 85 Zip Code: 32937

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] Chris J DeMarco President 5/16/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	O'BRIEN, RICHARD E.	
STREET ADDRESS	1105 PAWNEE TERRACE	
CITY-ST-ZIP	INDIAN HARBOR BC. FL	
TITLE	D	☐ DELETE
NAME	DEMARCO, CHRIS	
STREET ADDRESS	2813 CAMPUS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ DELETE
NAME	WEBSTER, EDWARD J.	
STREET ADDRESS	240 PRICE CT.	
CITY-ST-ZIP	SATELLITE BEACH 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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
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		

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: X [signature] Chris J DeMarco 5/16/96 407-773-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)