

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Divisions of Corporations

APPROVED
JLB

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DOCUMENT # M10817

(8)

1. Corporation Name:

ELIZABETH S. BOWERS, INC.

Principal Place of Business:

C/O ELIZABETH S. BOWERS
11832 SW 108 TERRACE
MIAMI FL 33186

Mailing Address:

C/O ELIZABETH S. BOWERS
11832 SW 108 TERRACE
MIAMI FL 33186

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business:

21

28. Mailing Address:

26

Bldg. Apt. # or:

22

29. Mailing Address:

27

City & State:

23

28. City & State:

29

Zip:

24

30. Zip:

25

9. Name and Address of Current Registered Agent:

**BOWERS, ELIZABETH S.
11832 SW 108 TERRACE
MIAMI FL 33186**

3a. Date Incorporated / Organized: **01/31/1985** 3b. Date of Last Report: **03/18/1994**

4. File Number: **59-2489181** 5. Applied For: Not Applicable

6. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Electronically Communicated to Department of State: \$5.00 May Be Added to Fees

8. Do you desire to make this filing in the name of your corporation? Yes. No

10. Name and Address of New Registered Agent:

81. Name: **82. Street Address (P.O. Box Number):** Not Acceptable

83. City: **84. City: **FL** 85. Zip Code:**

11. Pursuant to the provisions of section 100.24(1) and (2) of the 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. This change of change was authorized by the corporation's board of directors, thereby excepting the appointment of registered agent from being with and except the appointment of director from Florida Statutes.

SIGNATURE:

12.	OFFICER'S AND DIRECTOR'S SIGNATURE	13.	OFFICER'S OR DIRECTOR'S TITLE	14.	OFFICER'S OR DIRECTOR'S SIGNATURE	15.	OFFICER'S OR DIRECTOR'S TITLE
DP	BOWERS, ELIZABETH S. 11832 SW 108 TERRACE MIAMI FL	1. NAME	1. NAME	1. NAME	1. NAME	1. NAME	1. NAME
		1. OTHER ADDRESS	1. OTHER ADDRESS	1. OTHER ADDRESS	1. OTHER ADDRESS	1. OTHER ADDRESS	1. OTHER ADDRESS
		1. CITY, ST, ZIP	1. CITY, ST, ZIP	1. CITY, ST, ZIP	1. CITY, ST, ZIP	1. CITY, ST, ZIP	1. CITY, ST, ZIP
		2. NAME	2. NAME	2. NAME	2. NAME	2. NAME	2. NAME
		2. OTHER ADDRESS	2. OTHER ADDRESS	2. OTHER ADDRESS	2. OTHER ADDRESS	2. OTHER ADDRESS	2. OTHER ADDRESS
		2. CITY, ST, ZIP	2. CITY, ST, ZIP	2. CITY, ST, ZIP	2. CITY, ST, ZIP	2. CITY, ST, ZIP	2. CITY, ST, ZIP
		3. NAME	3. NAME	3. NAME	3. NAME	3. NAME	3. NAME
		3. OTHER ADDRESS	3. OTHER ADDRESS	3. OTHER ADDRESS	3. OTHER ADDRESS	3. OTHER ADDRESS	3. OTHER ADDRESS
		3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
		4. NAME	4. NAME	4. NAME	4. NAME	4. NAME	4. NAME
		4. OTHER ADDRESS	4. OTHER ADDRESS	4. OTHER ADDRESS	4. OTHER ADDRESS	4. OTHER ADDRESS	4. OTHER ADDRESS
		4. CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP
		5. NAME	5. NAME	5. NAME	5. NAME	5. NAME	5. NAME
		5. OTHER ADDRESS	5. OTHER ADDRESS	5. OTHER ADDRESS	5. OTHER ADDRESS	5. OTHER ADDRESS	5. OTHER ADDRESS
		5. CITY, ST, ZIP	5. CITY, ST, ZIP	5. CITY, ST, ZIP	5. CITY, ST, ZIP	5. CITY, ST, ZIP	5. CITY, ST, ZIP
		6. NAME	6. NAME	6. NAME	6. NAME	6. NAME	6. NAME
		6. OTHER ADDRESS	6. OTHER ADDRESS	6. OTHER ADDRESS	6. OTHER ADDRESS	6. OTHER ADDRESS	6. OTHER ADDRESS
		6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP

14. I declare under penalty of perjury that the information supplied with this filing is voluntary, furnished and does not qualify for the exception(s) stated in the law(s) of the Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall make no written or oral statement that can be relied on in connection with the review or hearing empowered to consider this report as required by Chapter 100.24 Florida Statutes, and that my signature appears on Block 12 or Block 14 if changed, or on an attachment with an addendum.

SIGNATURE: Elizabeth S. Bowers
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 305/274-2845