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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M64466** **(9)**

1. Corporation Name

FOWLER AGENCY, INC.

Principal Place of Business	Mailing Address
222 COLUMBIA TPKE FLURHAM PARK NJ 07932 US	222 COLUMBIA TPKE FLURHAM PARK NJ 07932 US

3. Date Incorporated or Qualified: 01/11/1988
3a. Date of Last Report: 03/27/1995
4. FEI Number: 59-2864004 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 BOLLINGER FOWLER CO	26 SAME
Suite, Apt. #, etc. 22 830 MORRIS TURNPIKE	Suite, Apt. #, etc. 27
City & State 23 SHORT HILLS, NJ	City & State 28
Zip / Country 24 07078 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRANMER, GREGORY P.
490 E PALMETTO PARK RD
STE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): WEEKES + CALLAWAY
83 777 E. ATLANTIC AV., SUITE 300
84 City: DELRAY BEACH FL 85 Zip Code: 33483

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FOWLER, RICHARD C., JR		12 NAME	
STREET ADDRESS	54 LAURA LANE		13 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FOWLER, PATRICIA H.		22 NAME	
STREET ADDRESS	54 LAURA LANE		23 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960		24 CITY-ST-ZIP	
TITLE	EVD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DONALD W.		32 NAME	
STREET ADDRESS	74 BEVERLY RD.		33 STREET ADDRESS	
CITY-ST-ZIP	UPPER MONTCLAIR NJ 07043		34 CITY-ST-ZIP	
TITLE	V	☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CRANMER, GREGORY P.		42 NAME	
STREET ADDRESS	940 SWEETWATER LANE		43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MERCANDANTE, DONNA		52 NAME	
STREET ADDRESS	88 OLD LANE		53 STREET ADDRESS	
CITY-ST-ZIP	TOWACO NJ		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I am executing this report voluntarily, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added above.

SIGNATURE: _____ 3/26/96 (201)467-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
RICHARD C. FOWLER JR.