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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M68169** **(5)**

1. Corporation Name
JACK A. BOWERMAN, P.A.

Principal Place of Business	Mailing Address
19980 SW 207 AVE ~~220 NE 8TH STREET~~ MIAMI FL 33187 US	19980 SW 207 AVE ~~220 NE 8TH STREET~~ MIAMI FL 33187-2321 US

3. Date Incorporated or Qualified: 02/11/1988
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business
21: 19980 SW 207 Ave
22: Suite, Apt. #, etc.
23: City & State: Miami Fl.
24: Zip: 33187
25: Country: U.S.

2a. Mailing Address
26: 19980 SW 207 Ave
27: Suite, Apt. #, etc.
28: City & State: Miami Fl.
29: Zip: 33187
30: Country: U.S.

4. FEI Number: 65-0047499 ☐ 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

BOWERMAN, JACK A.
~~220 NE 8TH STREET~~
~~HOMESTEAD FL 33030~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACK A. BOWERMAN, PA. INS.		1.2 NAME	
STREET ADDRESS	19980 SW 207 AVEN		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	V. P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAREN R. BOWERMAN		2.2 NAME	
STREET ADDRESS	19980 SW 207 Ave		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33187		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Jack A. Bowerman 4/22/97 305 233-0992
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN THIS REPORT — Date — Daytime Phone #

0 2013