

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M75464 (1)**
1. Corporation Name
ROWE INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% H. DEAN ROWE
11401 CARROLLWOOD DR.
TAMPA FL 33618

3. Date Incorporated or Qualified
04/04/1988

2. Principal Place of Business 2a. Mailing Address
21 **100 Madison St.** 26 **100 Madison St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 200** 27 **Suite 200**
City & State City & State
23 **Tampa, FL** 28 **Tampa, FL**
Zip Country Zip Country
24 **33602** 25 **USA** 29 **33602** 30 **USA**

4. FEI Number Applied For
59-2886611 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ROWE, H. DEAN
11401 CARROLLWOOD DR.
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name **Rick D. Rowe**
82 Street Address (P.O. Box Number is Not Acceptable)
100 Madison Street
83 **Suite 200**
84 City **Tampa** FL 85 Zip Code **33602**

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE **R. D. ROWE** DATE **5.20.98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, H. DEAN	
STREET ADDRESS	11401 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rick D. Rowe	
1.3 STREET ADDRESS	100 Madison St. Suite 200	
1.4 CITY-ST-ZIP	Tampa, FL 33602	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karlene K. Rowe	
2.3 STREET ADDRESS	11401 Carrollwood Drive	
2.4 CITY-ST-ZIP	Tampa, FL 33618	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richelle Rowe Pirkle	
3.3 STREET ADDRESS	2827 Somers Dr.	
3.4 CITY-ST-ZIP	Tampa, FL 33618	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900002557789--2	
4.3 STREET ADDRESS	-06/12/98--01012--025	
4.4 CITY-ST-ZIP	****150.00 ****150.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 president 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 changes or additions are indicated with an address.

CR2E034 (10/97)

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