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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000011845 (4)

ROWE CONSULTING SERVICES INC.

P.O. BOX 14430 P.O. BOX 14430 TAMPA FL 33680-4430 TAMPA FL 33690-4430 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1992 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 3932 Versgilles Or 3932 Versailles 59-3154514 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 33634 Added to Fees Trust Fund Contribution lampy 23 Country 8. This corporation has liability for intengible tax under s. 199.032, Country Yes Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MASCARA, ERNEST L P.A. GLADES, BLDG. #303 82 per is Not Acceptable) 877 EXECUTIVE CENTER DR. W 83 ST PETERSBURG FL 33702 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 registly edulation, 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 fant at virts, and adopt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ed agent and trie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE THLE ROWE, BRIAN J 1.2 NAME NAME 3102 WALLCRAFT AVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33611** 1.4 CITY-ST-ZIP OTY-51-7/P Change Addition DELETE 2.1 TITLE THEF 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP CITY - \$1 - 702 DELETE Addition 31 TITLE Muf 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP City - \$1 - 7IP Change Addition DELETE 4.1 TITLE THE 4.2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition 5.1 TITLE TiTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Cellin ST-ZP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS

6.4 CITY - ST- ZIP 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 portporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or 8

REQUIRED

n an attachment with an address.

3/28/97

813-806 9201

FILED

Apr 01 1997 8:00am

Secretary of State