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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

t. Corporation	MENT # P9300(h. bowers, INC.	0086495			
Principal Place	e of Business	Mailing Address			OHO BINI OIDIO IBIOS BINI IDDI
13600 SW 73 AVE MIAMI FL 33158 US		13600 SW 73 AVE MIAMI FL 33158 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				12/13/1993 4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0457244	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BOWERS, ELIZABETH S 11832 SW 108TH TERR			82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the numose of	changing its registered
l office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	nonzed by the corporati	ion's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: R	egistered Agent signature requin	red when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		
NAME	BOWERS, ANDREW H		1.2 NAME	10/== (1.3 73 Ave	
STREET ADDRESS	5788 SW-74TH-S T.		1.3 STREET ADDRESS	13600 SW 73 Ave MIAMI PL 33158	-
CITY-ST-ZIP	MIAMI FL 33143			minn 19 33/30	C Ct C Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition i
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		_ vectil	3.2 NAME		
			3.3 STREET ADDRESS		
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		□ acter	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	1	☐ OELETE	61 TITLE		

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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90018 008 ***158.75