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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000034724 (2)

1. Corporation Name

JACKIE BOWEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10887 N. MILITARY TRAIL  
SUITE 6  
PALM BEACH GARDENS FL 33410

P.O. BOX 323  
BOCA RATON FL 33429-0323  
new ADDRESS FOR MAILING  
PO BOX 11118  
TELLURIDE, CO 81435

2. Principal Place of Business

2a. Mailing Address

21 23475 RIO DEL MAR DR  
Suite, Apt. #, etc.

26 PO BOX 323  
Suite, Apt. #, etc.

City & State

City & State

23 Boca Raton, FL 33486

28 BOCA RATON, FL

Zip

Country USA

Zip

Country USA

24 33486

25 PALM BEACH

29 33429-0323

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

01/06/1997

4. FEI Number

65-0499215

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

10. Name and Address of New Registered Agent

81 Name JACKIE BOWEN

82 Street Address (P.O. Box Number is Not Acceptable)  
23475 RIO DEL MAR DRIVE

83

84 City BOCA RATON

FL

85 Zip Code 33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOWEN, JACKIE  
STREET ADDRESS 10887 N. MILITARY TRAIL, SUITE 6  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Jackie Bowen*

JACKIE BOWEN - P 3-24-97 954-480-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0607174

CR2E034 (9/96)