FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000092527 (8)

Corporation Name

BOWM/	an international disc, i									
Principal Place of Business Mailing Address							#### 	9 2006) 9 200	1101 1001 (DE)	
4304 BEACH TAMPA FL 33		4304 BEACH PARK DRIVE TAMPA FL 33609								
						3. Date Incorporated or Qualified 12/22/1994	3a. Date	of Last Re /13/199		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number	Applied For			-
21		26				59-3287165	Not Applicable			
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State				6. Flection Campaign Financing	\$5.00 May Be			"
23		28				Trust Fund Contribution	_U		to Fees	
Zip	Country	Zip	├ 1			8. This corporation has liability for		k under s	199.032,	
24	25	29	30				□No			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New F	registered A	igent		
ULMER, JAMES III						dress (P.O. Box Number is Not Acceptable)				_
4304 BE	ACH PARK DRIVE			83	3110017	Idless (r. o. dox normalis not noceptanic)				4
tampa f	FL 33609			83						
				84	City		FL	85 Zu	Code	
or registen familiar wit SIGNATURE	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridh, and accept the obligations of, Section, and accept the obligations of Section 1.	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the c	orpo	ration's I	reporation submits this statement for the puboard of directors. I hereby accept the apparent the public of the pub	rpose of cha ointment as	nging its r registered	egistered office agent. I am	Ì_
12.	DIRECTORS	I 13.			ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	48	
THTLE	D	DELETE	1: 1 Ti	ILF				Change	☐ Addition	- 6
NAME	ULMER, JAMES JR.		12 NA	ME						X
STREET ADDRESS	BRYSON BLVD.		1 3 STREET ADD		ADDRESS					CR2E034 (12/95)
CITY-ST-ZIP	HOPWOOD PA 15445		1.4 CPY - S1-							R2
TITLE	DST	☐ DEFELE	2 1 Ti	TLE] Change	Addition	၂၀
NAME	ULMER, JAMES III		2 2 NA	ME						
STREET ADDRESS 4304 BEACH PARK DRIVE			2 3 STP8		ADDRESS					
CITY - ST - ZIP	TAMPA FL 33629		2 4 CI	TY - ST	- 73P					_
TITLE	D	DELETE 3.] Change	Addition	
NAME	ULMER, DAVID 325 SARATOGA DRIVE			3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS		ADDRESS						
CITY - ST - ZIP	UNIONTOWN PA 15401			IY- \$1	-21P			7.0		
TITLE	D	DEFEA	4. 1 11				L] Change	☐ Addition	
NAME	ULMER, WILLIAM		4 2 NAM							
STREET ADDRESS	192 S. BEESON STREET				ADORESS					
CilY-SI-ZiP	UNIONTOWN PA 15401	E3 co.cu	4.4 CI		- ZIP			V Change	ED Addition	\dashv
TITLE	DP CTANDICU CHAIDE C.	DELETE	5.11				LS	ƳChange Corr ec	Addition	
NAME STANDISH, CHAIRE CLAIRE		41165	5.2 NAME		. Connecce	STANDISH, CLAIRE	STANDISH, CLAIRE		7×	
STREET ADDRESS	3 LYDIA DRIVE UNIONTOWN PA 15401	•		3 STREET ADDRESS 4 CHTY-ST-ZIP						
CITY - ST - ZIP	ONONIOWN FA 19401	DELETE			· ZIP		r	Change	Addition	\dashv
TITLE				1 TITLE					() . Mani-bit	
NAME CIDEET ADDRESS			6.2 NAME 6.3 STREET ADDRE		ADDDESS					
STREET ADDRESS			6351	ntt!	ennac92					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

DAMES A. Where I VANN
THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMES A. LILMER I

2/18/96

(813) 286-1295 Dayting Pixes #