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

DOCUI 1. Corporation	MENT # P9500	0051599 (5	5)		
	STOWN INVESTMENTS, INC.	•		I IRANIANI LIR ININI ALIH NANI NANI NANI	#16: E115: 1164: #1115 id.
		· · · · · · · · · · · · · · · · · · ·			
Principa! Place		Mailing Address		r ann rammt at # antat maift baitt ##16t billi	9185 BEINE 11861 BISIO 18518 1211 5851
701 BRICKELL AVENUE 701 BRICKELL AVENUE SUITE 1600 (RFH) SUITE 1600 (RFH) MIAMI FL 33131 MIAMI FL 33131		JE			
9 Disabat Di	(0)	- F. 122 112 112 112 112 112 112 112 112 11		07/03/1995	Date of Last Report
	ace of Business Brickell Avenue	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		Suite, Apt. #, etc.	cell Avenue	65-0600053	Not Applicable
	te_850	27 Suite 850)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	mi, FL	City & State 28 Miami, FI	1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	Country 25	Zp [29] 33131-285]	Country	8. This corporation has liability for intangible Florida Statutes Yes 🖟 No	e tax under s 199.032,
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registers	
SULLIVAN, JOHN S 701 BRICKELL AVENUE		B1 Name			
		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	1600 (RFH)		83		
	FL 33131				
***************************************			84 City	-	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502 as	nd 607,1508, Florida Statute	s, the above-named corpor	ation submits this statement for the purpose of of directors. I hereby accept the appointment	Changing its registered office
famil ar with	ab agent, or both, in the State of Florida. h, and accept the obligations of, Section	-Such change was authorize 1607.0505, Florida Statutes.	d by trie corporation's boar	rd of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name at registered agent and OFFICERS AND C		L. Regist-red Agent signature require:		•
TITLE	D	T DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	Kreiss, ann		1.2 NAME		☐ Addition
STREFT ADDRESS	777 BRICKELL AVENUE, SUITI	E 800	1.3 STREET ADDRESS 7	Ol Brickoll Avenue	O
CITY - ST - ZIP	MIAMI FL 33131		14 CP Y - ST - ZIP M	Ol Brickell Avenue, iami, FL 33131-2851	Suite 850
TIFLE		[_] DELETE	0.4 701.6	resident, Sec, Treas	Change 🖈 Addition
NAME STREET ADDRESS			22 NAME A	nn Kreis	·
CITY-ST-ZIP			2 3 STREET ADDRESS 7	Ol Brickell Avenue, iami, FL 33131-2851	Suite 850
TITLE		[] DELETE	24 CITY - SI - ZIP M	1am1, FL 33131-2851	
NAME	·		3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY+ST+ZIP		
THLE		DELETE	4. 1 TITLE		Change Addition
NAME CIRCLE ADDRESS			4.2 NAME	•	
STREET ADDRESS CITY-SY-ZIP			4.3 STREET ADDRESS		
1014-51-71P		DELETE.	4.4 C(IY-SI-2)P		
NAME			5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		1
CITY-\$1-ZIP			5 4 CITY-ST-ZIP		
TITLE		[] DELETE	6 1 T-TLF		Change Addition
NAME STORE & ADVISOR			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
City-St-ZiP 14. I do hereby	certify that the information scinoliad with	this fijing is valuntarity force	64 CITY-ST-ZIP	r the exemption stated in Section 119.07(3)(k), F	
oath, that I a		on a t the receiver or trustee	emnowered to execute this	ir tha exemption stated in Section 119.07(3)(k), F o and that my signature shall have the same log report as required by Chapter 607, Florida Stat	

SIGNATURE:

Ann Kreiss SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ann Kreiss

President (305) 381-8340 5/15/96* (305)

CR2E034 (12/95)