

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000070818 (6)**

1. Corporation Name  
**LORWELL & CO., INC.**



Principal Place of Business: **% HOWARD W. GORDON  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134**

Mailing Address: **% HOWARD W. GORDON  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified <b>09/12/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0607065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>6017 PINE RIDGE RD</b> 22	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 23 <b>NAPLES</b> 24 <b>33999</b> 25 <b>COLLIER</b> 29 Zip 30 Country
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9. Name and Address of Current Registered Agent <b>GORDON, HOWARD W 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	<b>D</b>	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME: <b>CAPWELL, ROBERT</b>	<b>319 CAMILO AVE.</b>	12. NAME: <b>CAPWELL, ROBERT</b>	<b>6017 PINE RIDGE ROAD</b>
STREET ADDRESS: <b>CORAL GABLES FL 33134</b>		13. STREET ADDRESS: <b>NAPLES FL 33999</b>	
CITY - ST - ZIP:		14. CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE	<b>D</b>	2. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME: <b>CAPWELL, LORETTA</b>	<b>319 CAMILO AVE.</b>	22. NAME: <b>CAPWELL, LORETTA</b>	<b>6017 PINE RIDGE ROAD</b>
STREET ADDRESS: <b>CORAL GABLES FL 33134</b>		23. STREET ADDRESS: <b>NAPLES FL 33999</b>	
CITY - ST - ZIP:		24. CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32. NAME:	
STREET ADDRESS:		33. STREET ADDRESS:	
CITY - ST - ZIP:		34. CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY - ST - ZIP:		44. CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY - ST - ZIP:		54. CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY - ST - ZIP:		64. CITY - ST - ZIP:	

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, in an address.

SIGNATURE: **Robert G. Capwell, PRESIDENT** 1/30/96 941-455-6245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)