

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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
6017 PINE RIDGE RD
NAPLES FL 33999
US

Mailing Address
% HOWARD W. GORDON
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134-5196

3. Date Incorporated or Qualified: 09/12/1995
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business
21 6017 PINE RIDGE RD

2a. Mailing Address
26 6017 PINE RIDGE RD

4. FEI Number: 65-0607065
Applied For: Not Applicable

22 NAPLES FL
City & State

27 NAPLES FL
City & State

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23
24 Zip: 34119
25 Country: USA

28 NAPLES FL
29 Zip: 34119
30 Country: USA

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

9. Name and Address of Current Registered Agent
GORDON, HOWARD W
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: ROBERT A. CAPWELL
82 Street Address (P.O. Box Number is Not Acceptable): 6017 PINE RIDGE RD
83
84 City: NAPLES FL 85 Zip Code: 34119

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: ROBERT A. CAPWELL
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning)
DATE: 2/18/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPWELL, ROBERT	
STREET ADDRESS	6017 PINE RIDGE ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPWELL, LORETTA	
STREET ADDRESS	6017 PINE RIDGE ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	NAPLES FL 34119
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NAPLES FL 34119
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: ROBERT A. CAPWELL
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/18/97
Daytime Phone #: 941-455-6245

CR2E034 (9/96)