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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082504 (8)

VAN BOWER & WIREN, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 19342 N.W. 11TH STREET 19342 N.W. 11TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 3511 65-0629155 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be チャンタ ے حسن رو Added to Fees 23 Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 333330 ~ AC : みとじ Yes No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WIREN, LARS E FARS. 19342 N.W. 11TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 PEMBROKE PINES FL 33029 83 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. Thereby accept the appointment as registered agent. Fam 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 a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change VAN BOWER, BRIAN NAME 1.2 NAME 13145 S.W. 104 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE WIREN, LARS E NAME 2.2 NAME 19342 N.W. 11TH STREET STREET ADDRESS 2.3 STREET ADORESS PEMBROKE PINES FL 33029 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 exporation 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 73 if changed, or on an attachment with an address.