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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095032 (5)

BOW REGARDS, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	or Business	Mailing Address				
5026 AIRPORT ROAD. N. NAPLES FL 33942		5026 AIRPORT ROAD. N. NAPLES FL 33942		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 12/15/1995	
		A Malling Address			4. FEI Number	
2. Principal Place of Business 2a. Mailing Address					59-3388371	Applied For Not Applicable
21 26 Suite Apt # 20		Suite, Apt. #, etc.	Loto			\$8.75 Additional
Sulte, Apt. #, etc.		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<u>├</u> ┐ ′		6. Election Campaign Financing	\$5.00 May Be
23 28 Zio Country		~~			Trust Fund Contribution	Added to Fees
- 4P	Country	Zip	—		8. This corporation owes or has paid the cu	
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	
	9. Name and Address of Curre	ut Hedisteled Agent	81	Name	10. Hallie and Address of free hegistered	Ayon
	HER, JON		"	INATHE		
5028 AIRPORT ROAD, N. Naples fl 33942			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	-		83			
			84	City	FL	85 Zip Code
		00 1007 4500 EL :				
11. Pursuant t	o the pr ovisions of Sections 607.056 e giste red agent, or both, in the State	uz and 607.1508, Florida Stati e of Florida. Such change wa:	utes, the abov s authorized b	e-named c the corpo	orporation submits this statement for the purpose coration's board of directors. I hereby accept the ap	pointment as registered
agent. I ar	familiar with, and accept the oblig	gations of, Section 607. 0505 , F	Florida Statute	S		
SIGNATURE						
	Signature, typed or printed name of registered ag			ent signature re	oquired when reinstating) DATE	ID DIDECTORS IN 12
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PID ION	DELETE	1.1 TITLE			C Change C Modition
NAME	FISHER, JON		1.2 NAME			
STREET ADDRESS	5026 AIRPORT ROAD, N.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY - S	i1-ZIP		
TITLE	S/D DELETE		2.1 TITLE			Change Addition
NAME	LUCURELL, CHRISTINA		2.2 NAME			
STREET ADDRESS	5026 AIRPORT ROAD, N.		2.3 STREE	ADDRESS	• *	
CITY - ST - ZIP	NAPLES FL 33942		2. 4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	1		L Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST - ZIP		
TITLE		DELETE	51 TITLE			Change Addition
NAME			5 2 NAME	l		
STREET ADDRESS			53 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TITLE		DELETE	6.1 TITLE	-		Change Addition
NAME			6.2 NAME			•
			i i	ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-	31-71L		

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 supplimental 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.