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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012939 (0)

LEMIRE, INC.

## **FILED** Apr 03 1997 8:00am Secretary of State



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OUTE 4. BOX 201-C HIPLEY FL 32428	ROUTE 4. BOX 201-C CHIPLEY FL 32428-9359		,			
			3. Date Incorporated or Qualified	3a. Date of Last Report		
			02/08/1996	NIA		
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
5830 HWY 77	26 283	0 Hwy77	1 29-33/015/	Not Applicat		
Suite, Apt. #, etc.	Surie, Apr. #, etc.	/	5. Certificate of Status Desired	\$8.75 Additional		
City & State .	City & State		0.5(	Fee Required		
Chipley .FL	28 ChiDley, F	ĨI	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zg	Country	8. This corporation has liability for in	tangible tax under s. 199 032,		
9. Name and Address of	TON 29 304 28 30	washing to	Name and Address of New Reg	Yes No		
	errem Registered Agent	B1 Name	<b>\</b>	istered Agent		
LEMIRE, EDWARD R	n		atty m Lemive			
ROUTE 4, BOX 201-0 58	30 Hwy 77	82 Street Add	oss (P.O. Box Number is Not Acceptabl	e)		
CHIPLET PL 32428	•	83	)930 HWY77			
		84 City	ا عملہ: ١	FL 85 2000		
Pursuant to the provisions of Sections 60	7.0502 and 607 1508, Florida Statutes.	the above-named corr	poration submits this statement for the pu	irpage of changing its register		
office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change was auth	iorized by the corporat	tion's board of directors. I hereby accept	the appointment as registered		
	emul	a diatoles.				
SNATURE Sign if incl. (5,500 or being) of nature of regist		egistered Agent signature requi	red when reinstating)	DATE		
OFFICER	S AND DIRECTORS		· · · · · · · · · · · · · · · · · · ·			
1,71117021		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIPRECTORS IN 12		
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PROFIT



FLORIDA DEPARTMENT OF STATE

,	rporation UAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
1. Corbotani			(1)					
COWAN	I ENTERTAINMEI	NT, INC.				i socilor per piano como abilla billa di se	BIĞİL GIĞIL ƏLƏLI GIĞIL DIĞİL	
Principal Place of Business 3725 8 OCEAN DR #718 HOLLYWOOD FL 33019		3725 1	Mailing Address 3725 8 OCEAN DR #718					
		HOLL	HOLLYWOOD FL 33019-2909					
						3. Date incorporated or Qualified 12/14/1990	3a. Date of Last F 02/27/1996	Heport
)····-)	Place of Business	2a. M	ailing Address			4. FEI Number 65-0237462	J <del></del> -	pplied For lot Applicable
Suite, Apt	#, etc	1:	uite, Apt. #, etc.			Certificate of Status Desired	\$8.75	Additional
City & Sta	le	27     C	ity & State			6. Election Campaign Financing		lequired
23		28		- r		Trust Fund Contribution		May Be to Fees
2q)	Сои <b>25</b>	ntry Zi	р	Coun	try	8. This corporation has liability for Florida Statutes	intangible tux under s ☐ Yes	s. 199.032,
29		fress of Current Register	ed Agent			10. Name and Address of New Ro		
	BIN, ALLAN M.	• • •		[1	Name			a 1
	5 S OCEAN DR. #7 LLYWOOD FL 33019			Ī	32 Street Add	dress (P.O. Box Number is Not Accepta	ble)	Ŋ
		•		ħ	B3			
				h	34 City		FI 85 Zip	Code
11. Pursuant office or agent 1: SIGNATURE		ections 607.0502 and 607. oth, in the State of Florida, occept the obligations of, S arec of registered agent and title it a				poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing pt the appointment as	its registered s registered
12.		OFFICERS AND DIRECTO	OR\$	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12 (9
TITLE NAME	D COWAN, IRVING		DELETE	1.1 TITU 1.2 NAM			Change	RS IN 12 96
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ndomati Lam an i	on indicated on this a officer or director of th	mation ecopoled with this abust report or supplement e corporation or the received in the corporation of th	lál annual report is er or trustee empo	true and a wered to ex	ecute this repo	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg- ort as required by Chapter 607, Florida	al effect as if made un Statutes; and that my	nder oath; that name

SIGNATURE: