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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000062593 (4)

1. Corporation Name

ANNE-MARIE L. BOWEN, P.A.

Principal Place of Business

225 E. ROBINSON ST STE 540
ORLANDO FL 32801

Mailing Address

225 E. ROBINSON ST STE 540
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

59-3393655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1516 E. Hillcrest St.

Suite, Apt. #, etc.

22 103

City & State

23 Orlando, FL

Zip

24 32803

Country

25 USA

2a. Mailing Address

26 1516 E. Hillcrest St.

Suite, Apt. #, etc.

27 103

City & State

28 Orlando, FL

Zip

29 32803

Country

30 USA

9. Name and Address of Current Registered Agent

BOWEN, ANNE-MARIE
225 E. ROBINSON ST STE 540
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1516 E. Hillcrest St.

83 Ste. 103

84 City

Orlando

FL

85 Zip Code

32803

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

Anne-Marie L. Bowen President Anne-Marie L. Bowen 3/23/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) President DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BOWEN, ANNE-MARIE L.
STREET ADDRESS 225 E. ROBINSON ST STE 540
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 1516 E. Hillcrest ST, STE 103

1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE *By Anne-Marie L. Bowen* President Anne-Marie L. Bowen, President 3/23/98

CR2E034 (10/97)