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 #

1. Corporation Name P96000097773 (1)

BOWDEN, INC.

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			(100/114/ 119 10/12 0/11/ 00/11 09/1	(1 \$\$(1) \$\$110 I\$111 IBB11 IBB11 IBB11	
206 S FEDERAL HWY	1622 N.E. 4TH STREET BOYNTON BEACH FL 33435					
BOYNTON BEACH FL 33435				DO NOT WRITE IN THIS SPACE		
US				3. Date incorporated or Qualified		
				11/27/1996	-	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applie	ed For
				65-0712797		pplicable
		pt. #, etc.			- \$8.75 Add	
				5. Certificate of Status Desired	Fee Requi	
City & State	City & State			6. Election Campaign Financin	· · · · · · · · · · · · · · · · · · ·	
, · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	Added to F		
Zip Country	Zip	Cou	ıntry	8. This corporation owes or ha		
24 25	29	30		Personal Property Tax due		
9. Name and Address of Current F		1301		10. Name and Address of Nev		
			81 Name			
BOWDEN, MICHAEL W						
1622 N.E. 4TH STREET		82 Street Add		ddress (P.O. Box Number is Not Acce	ptable)	l
BOYNTON BEACH FL 33435			83			
			63			1
			84 City		85 Zip Cod	le
			<u> </u>		FL 1 2 5 5 5 6	
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statu Florida: Such change was ons of: Section 607.0505, F	ites, the a authorize Iorida Stal	bove-named co d by the corpo tutes.	orporation submits this statement for transfer a ration's board of directors. I hereby a	ne purpose of changing its re ccept the appointment as reg	istered
SIGNATURE				quived when reinstating)	DATE	
Signature, typed or printed name of registered agent a 12. OFFICERS AND I		13.	3 Agent signatore rec	ADDITIONS/CHANGES TO C		N 12
TOTLE D	DELETE	1.1 Ti	TIF	7.55710.10/51.11.13.25 15 5		Addition
NAME BOWDEN, MICHAEL W		1.2 N			•	_
AAAA ALM AWA OVERNOON			TREET ADDRESS			
501017011 071011 71 05107						
CITY-ST-ZIP BOYNTON BEACH FL 33435	DELETE	2.1 T	TLE		☐ Change	Addition
		2.2 NAME				
NAME						Ì
STREET ADDRESS			TREET ADDRESS	<i>₹</i> .	<i>‡</i>	
CITY-ST-ZIP	DELETE		CITY-ST-ZIP		Change	Addition
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NAME		3.2 N				ļ
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CITY-ST-ZIP			CITY-ST-ZIP			1 (400
TITLE	☐ DELETE	4.1 1			Change	Addition
NAME		4. 2 N	IAME			1
STREET ADDRESS		4.3 S	Tree1 address			
CiTY-ST-ZIP		4.4 C	ITY-ST-ZIP			
TITLE	DELETE	5.1 T	TLE		Change	Addition
NAME		5.2 N	AME			ŀ
STREET ADDRESS		5.3 S	TREET ADDRESS			
CITY-ST-ZIP		5.4 C	TY-ST-ZIP	<u> </u>		
TITLE	☐ DELE TE	6.1 T	TLE		Change	Addition
NAME		6.2 N	AME			ŀ
STREET ADDRESS		6.3 S	TREET ADDRESS			
CITY-ST-ZIP			TY-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.