

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P97000062016 (5)**

1. Corporation Name
THE R.C. BOWEN COMPANY

Principal Place of Business

**850 NORTH MIAMI AVENUE
UNIT 1709
MIAMI FL 33136**

Mailing Address

**POST OFFICE BOX 14-5298
CORAL GABLES FL 33114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

65-0782374

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 1221 BRICKELL AVE

Suite, Apt. #, etc.

22 SUITE 911

City & State

23 MIAMI

Zip

24 FL

Country

25 33131

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name REGIE C. BOWEN
82 Street Address (P.O. Box Number is Not Acceptable) 1061 MICHIGAN AVE #4
83
84 City MIAMI BEACH FL 85 Zip Code 33139

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

Regie C. Bowen

9/21/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PSTD BOWEN, REGIE C	850 N MIAMI AVE, UNIT 1709	MIAMI FL 33136	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Regie C. Bowen

9/21/98 (305) 995-8252

CR2E034 (5/98)