## 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 # P97000090328 (0)

**ROWLIN DEVELOPMENT CORP.** 

## **FILED** May 07 1998 8:00am Secretary of State



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Principal Place	of Business	Mailing Address				t laffilder tid fårit tablt ablit aftit abtie 1810 ebide title tibet tekt	
	NWBRIDGE AVE.	1008 E. STRAWBRIDGE AVE.					
MELBOURNE	FL 32901	MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/20/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number _ Applied For	
21		26	26			59-3471494 Not Applicable	
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22		27				Fee Required	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be	
23		Zip Country				Trust Fund Contribution	
Zip	Country	Zip	30	ir iti y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24	25 Name and Address of Current	29     Registered Agent	30]	l		10. Name and Address of New Registered Agent	
147	DRSE, ROBERT W			81	Name		
	08 E. STRAWBRIDGE AVE.			0.0	O	Address (D.O. Day Number in Net Acceptable)	
MELBOURNE FL 32901				82 Street Addr		Address (P.O. Box Number is Not Acceptable)	
1116	COOCHINE I E GEOGI			83			
					City	85 Zip Code	
				84	,	<b>FL</b>   1   1	
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 Signature, typed or punted hand of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 11	TLE		P - Change Addition	
NAME	12		1.2 N	AME		Robert W. Morse 609 Jasmine Dr. Meibourne Beach Fe 32951	
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	609 Jasmine Dr. 1 Er 3700	
CITY-ST-ZIP			1.4 City-ST-ZiP		T-ZIP	Melbourne Beach 1 32/31	
TITLE			2.1 11			☐ Change ☐ Addition	
NAME			2.2 N				
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 CHY-ST-ZIP		- 1		
CITY-ST-ZIP		DELETE	2. 4 C		ST - ZIP	Change Addition	
TITLE						C Origings C Audition	
NAME			3.2 N		ADDDECE		
STREET ADDRESS					ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 1		)ı - Çır	Change Addition	
NAME		C Deterie	4. 2				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					T-ZIP		
TITLE		DELETE	5.1 T			Change Addition	
NAME		<del></del>	5 2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					T - 2IP		
TITLE		DELETE	611			Change Addition	
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY_ST.7IP			640	ITY-S	J-ZIP		
14. I hereby o	certify that the information supplied wi	ith this filing does not qualify fo	or the ex	emp	tion stated	ed 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 13 it enanged, or only attachment with an address.