

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90056 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107024

1. Corporation Name
LOWE INVESTMENT GROUP, INC.



Principal Place of Business: 4508 WHITE CEDAR LANE DELRAY BEACH FL 33445	Mailing Address: 4508 WHITE CEDAR LANE DELRAY BEACH FL 33445
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 581 Anchor Point Suite, Apt. #, etc.		2a. Mailing Address 26 581 Anchor Point Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/19/1997	
22 City & State Delray Beach, FL		27 City & State Delray Beach FL		4. FEI Number APPLIED FOR	
23 Zip 33444		28 Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33444		25 Palm Beach		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33444		30 FL		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIAMOND, BARRY A
5701 N PINE ISLAND RD, SUITE 250
FT LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name Same	85 Zip Code FL
82 Street Address: (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME BENT, DWAN		1.2 NAME DWAN BENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 4508 WHITE CEDAR LANE		1.3 STREET ADDRESS 581 Anchor Point	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
CITY-STATE-ZIP DELRAY BEACH FL 33445		1.4 CITY-STATE-ZIP DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE ↑ still president ↑	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME LOWE, VERNON		2.2 NAME	
STREET ADDRESS 5532 S. IDDINAS ROAD		2.3 STREET ADDRESS	
CITY-STATE-ZIP WEST MILTON OH 45383		2.4 CITY-STATE-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME LOWE, LOIS		3.2 NAME	
STREET ADDRESS 5532 S. IDDINAS ROAD		3.3 STREET ADDRESS	
CITY-STATE-ZIP WEST MILTON OH 45383		3.4 CITY-STATE-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME AUER, CINDY		4.2 NAME	
STREET ADDRESS 409 HIDE-A-WAY LANE EAST		4.3 STREET ADDRESS	
CITY-STATE-ZIP LINDALE TX 75771		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		5.2 NAME DWAN BENT	
STREET ADDRESS		5.3 STREET ADDRESS 581 Anchor Point	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP DELRAY BEACH, FL 33444	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Dwan Bent, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 501-266-06
Date Office Phone #