PROFIT CORPORATION ANNUAL REPORT **1999**°



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000005103**

BOWDEN BUSINESS & CONSULTING SERVICE, INC.

Principal Place of Business

Mailing Address

7610 HARDING AVE. STE-5

7610 HARDING AVE. STE 5

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90039 001 ***158.75



| MIAMI BEACH FL 33141 | | MIAMI BEACH FL 33141 | | | | DO NOT WRITE IN THIS SPACE | | | | |
|----------------------|--|-----------------------------------|---------------|---------------|--------------|--|--------------------|----------------|----------------|-----------------|
| | | | | | F | 3. Date Incorpora | | | | |
| | | | | | 1 | 01/15/1998 | | | | ĺ |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | · | 4. FEI Number | | | T A | pplied For |
| · = | | 26 | | | | 65-08 | 10759 | 16 | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | . | 5 0 | | (CPs) | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of St | atus Desired | XX | Fee R | equired |
| City & State | 9 | City & State | | | | 6. Election Camp | aign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | 1 | Trust Fund Co | - | | | to Fees |
| Zip | Country | Zip | Count | у | | 8. This corporation | n owes the cur | rent year Inta | ingible | |
| 24 | 25 | 29 3 | 0 | | | Personal Prope | erty Tax. | _ | ☐ Yes | √ 2/No - |
| | 9. Name and Address of Current | Registered Agent | | | 1 | 0. Name and Ad | dress of New | Registered A | Agent | |
| | | | 8 | 1 Name | | | | | • | |
| BOW | /DEN, RANDOLPH | | - | Ctroot | Addross | (D.O. Boy Numbe | r in Not Accent | able) | . . | |
| 7610 | HARDING AVE, STE 5 | | 82 Street Add | | | ddress (P.O. Box Number is Not Acceptable) | | | | |
| MAIM | AI BEACH FL 33141 | | 8 | 3 | | | | | | |
| | * | | | | | | | ` | | |
| | | | 8 | 4 City | | | | FL | 85 Zip | Code |
| agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | ions of, Section 607.0505, Florid | ia Statute | | | | i. I hereby acce | | tment as r | egistered |
| | Signature, typed or printed name of registered agent | | | ent signature | required who | en reinstating) | ANIGED TO OF | DATE AND | D DIDEOT | ODC IN 12 |
| 12. | OFFICERS AND | | 13. | | 1.0 | ADDITIONS/CH | ANGES TO OF | -FICERS AN | Change | |
| TITLE | D | DELETE | 1.1 TITLE | | _ | | | | Clande | 222.40010011 |
| NAME | BOWDEN, CARL W | | 1.2 NAME | | 761 | ompte, J. O Harding | Δτ <i>τ</i> 20 — 1 | Imit 6 | | |
| STREET ADDRESS | 7610 HARDING AVE, STE 5 | | | ET ADDRESS | 1 | | | | | |
| CITY+ST-ZIP | MIAMI BEACH FL 33141 | | 1.4 CITY- | | | mi Beach, P - AS | ъг ээт | 41 | | Addition |
| TITLE | D | X DELETE | 2.1 TITLE | | | den, Rando | oloh B | | Change | ☐ Addition |
| NAME | Bowden, randolph b | | 2.2 NAME | | | Harding A | | ni+ 5 | | |
| STREET ADDRESS | 7610 HARDING AVE, STE 5 | | 2.3 STRE | ET ADORESS | , - | | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | 2.4 CITY | ST-ZIP | | i Beach, I | | <u> </u> | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | 1 - | | | | ☐ Change | XX Addition |
| NAME | | | 3.2 NAME | i | | ley, J. | _ | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | 0 Harding | | | | ì |
| CITY-ST-ZIP | <u> </u> | | 3.4. CITY | -ST-ZIP | Mia | mi Beach, | FL 331 | <u>41</u> | | |
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| STREET ADDRESS | · | | 6.3 STRE | ET ADDRESS | s | | | | | į |
| CITY-ST-7IP | | | 6.4 CITY- | ST-ZIP | İ | | | | . ' | ľ |

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.

(305) 864-1833

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