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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000071900

1. Corporation Name

ROWENA LAND COMPANY, INC.

Principal Place of Business

Mailing Address

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90042 030 \*\*\*150.00



2201 GILLIS CO MAITLAND FL 3					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 08/18/1998				
Principal Place of Business     A 2a. Mailing Address					4. FEI Number		Applied	For	
21 60/N. NEW GORK HVENUE 26 601 N. NEW GORK					SS-352996)		Not App	olicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					1 -	\$8.	<b>75</b> Additi	ional	
22 Suite 101 27 Suite 101					5. Certifcate of Status Desired	Fe	e Require	∌d	
City & State  City & State  City & State  23 Winter Stark, FC 28 Winter Stark				FC	6. Election Campaign Financing Trust Fund Contribution	•	.00 May ded to Fe	-	
Zip 24 3 2 7 5	89 25 US A	29 <b>3</b> 3-785 3	Country  Country	54	This corporation owes the current yes     Personal Property Tax.	Yes	N	lo	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					81 Name				
Banks, Gerald F 2201 Gillis Court				82 Street Address (P.O. Box Number is Not Acceptable)					
MAITLAND FL 32751									
			84	City		85	Zip Code	<u> </u>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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		t and this if annihinghing (NOTE: Dr	wistored Ager	t eignature reg	quired when reinstating) D	ATÉ	_		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	it signature req	ADDITIONS/CHANGES TO OFFICE		CTORS	N 12	
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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 or an attachment with applicates, with all other like empowered.

SIGNATURE: