FILE NOW: FILING F	EE AFTER MAY	1 IS \$225.00		
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA	DEPARIMENT OF STATE Sandra B. Morthani Sporetary of State DN OF CORPORATIONS		
DOCUMENT # 536	6114 (4.)		
DOWLING REAL				
Principal Place of Business Mailing Address				
In dian Harbour A	ich, FL Indi	an Harbour Bch ida 32937	3. Date incorporated or Qualified	3a. Date of Last Report
	u.s	•	02/36/19 91 4. FEI Number	05/01/1995
2. Principal Place of Business 1	2a. Mailing Addres	Same	57-3050579	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, 27	elc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 25	Zip 29	Country 30	8. This corporation has liability for	
9. Name and Address of C		81 Name	10. Name and Address of New F	legistered Agent
DOWLING, GEORGE			ess (P.O. Box Number is Not Acceptab	olo)
349 Poinciana Dr		[]	cos (i .o. dox ritarinos is ritot Alceptat	ne)
Indian Harbour	pm., FL 329	37 83		
		84 Crty		FL 85 Zip Code
 Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of familiar with, and accept the obligations of 	if Florida. Such change was a	uthorized by the corporation's boar	ation submits this statement for the pur d of directors. Thereby accept the app	pose of changing its registered office ointment as registered agent. I am
SIGNATURE Signature Typert or printert over end registers	at a fixed at a 140 and secondariate as	(No.10)). Frequeto set Agent superfer respons	E los constituis	ÇMTE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE P	☐ DECE			Change Addition
Dowling, Co.	LLBEN A.	1.2 NAME		
STREET ADDRESS OITY-ST ZIP The diam Man	bour Bch. FL	1.9 STHEET ADDRESS 1.4 City - 57 - 29		
TITLE IST	[□] D€LET	E 2 1 Tru		☐ Change ☐ Addition
NAME DOWLING, GO STREET ALDRESS 249 Pointing	EORGE T	2.2 NAME		ш
STREET ADDRESS 349 Poincing	\mathbf{a} $\mathcal{D}_{\mathbf{A}}$	2.3 STREET ADDRESS		
CITY-ST-ZIP In Stan Har-	bour Boh FL3	1937 24 C-TY-ST-ZP		
INITE	DELET	3 1 104 F		Change Addition
NAME		3 2 NAME		
STREET ADDRESS CITY - ST - ZIP		3.3 STREET ADDRESS		
TITLE	DELET	3 4 CITY - ST - ZIP E 4 1 T ILF		Change
NAME	-	4.2 NAME	10000182	23251
STREET ADDRESS		4.3 STRUET ADDRESS	-05/15/96010 ***200.00	JJJUZ1
CITY-ST-ZIP		4.4.CiTy ST-ZIP	**************************************	
TITLE	☐ DELFI			Change Addition
NAME STREET ADDRESS		5.2 NAME is a chart if atmospas		vs.
		■ K 2 CTULL I ANSOCCE		**

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 for or an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CHY+SU-ZiP

5.4 CITY - ST - ZIF

6.3 STREET ADDRESS

6 1 THE

6.2 NAME

DELETE

CHTY - ST - ZIP

STREET ADDRESS

 $\text{CHTY} \cdot \text{ST} \cdot Z^{i} P$

TITLE

Change

☐ Addition