

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45498 (0)

1. Corporation Name:

BOWERY MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

**4833 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417**

**4833 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified

04/16/1991

3a. Date of Last Report

12/04/1995

4. FEI Number

65-0259955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REISS, ROBERT H
4833 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 printed name of officer or director)

(NOTE: Registered Agent's signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **REISS, ROBERT**
CITY-ST-ZIP **4833 OKEECHOBEE BLVD.**
WEST PALM BEACH FL 33417

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS

64. CITY-ST-ZIP

14. I 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2496

CR2E034 (3/96)