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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

BOWERS NETWORK, INC.

FILED Jan 16 1998 8:00am Secretary of State



City & State Country Zip Zi	□ No
230 ORLANDO FL 32810 US 230 ORLANDO FL 32810 US 3. Date Incorporated or Qualified 05/29/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3073001 Suite, Apt #, etc. 5. Certificate of Status Desired Fe City & State 27 City & State 28 City & State 28 Country 29 Ocuntry 21 Country 21 Country 30 Reference Agent BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Country 3. Date Incorporated or Qualified 05/29/1991 4. FEI Number 59-3073001 5. Certificate of Status Desired Fe 6. Election Campaign Financing \$8. Fe 7 Trust Fund Contribution Address of Country 42 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85	Not Applicable 75 Additional e Required .00 May Be ded to Fees ir Intangible \to No
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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 change 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 of the purpose of the purpos	ng its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	- as registered
SIGNATURE	
Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS	TODO IN 10
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS UITLE PSD DELETE 1.1 TITLE	
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CITY-ST-ZIP LONGWOOD FL 1.4 CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 outh officer or director of the configuration of the report of the configuration.	the information

Block 12 or Block 13 if chariged,

SIGNATURE:

REQUIRED