

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:46

DOCUMENT # **S66823** (3)

1. Corporation Name

BOWER EISEN FORSTER SPENCER, INC.

Principal Place of Business

**8100 OAK LANE
#306
MIAMI LAKES FL 33016**

Mailing Address

**8100 OAK LANE
#306
MIAMI LAKES FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1991

3a. Date of Last Report

04/05/1994

4. FEI Number

65-0272401

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINAN, MARY W.

8100 OAK LANE

#306

MIAMI LAKES FL 33016

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 registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
FORSTER, LOUIS L.
15320 S.W. 77TH AVENUE
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
SPENCER, GEOFFREY C.
1200 WEST AVE #205
MIAMI BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
EISEN, JEFFREY L.
3441 FOXFROFT RD
MIRAMAR FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
BOWER, LYNN A.
2137 CHAMPIONS WAY
NORTH LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST
FINAN, MARY W.
8403 REDNOCK LANE
MIAMI LAKES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST
FINAN, MARY W.
8403 REDNOCK LANE
MIAMI LAKES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/C

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 supplement 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an addendum.

SIGNATURE:

Louis L. Forster, President 2/27/95 (305) 821-9500

(Signature AND TYPE OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR)

(Date)

(Typed Name)