

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S66823** (3)

1. Corporation Name

BOWER EISEN FORSTER SPENCER, INC.



Principal Place of Business

Mailing Address

8100 OAK LANE
#306
MIAMI LAKES FL 33016

8100 OAK LANE
#306
MIAMI LAKES FL 33016

3. Date Incorporated or Qualified
07/17/1991

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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 of the person who is registered as the registered agent

Signature of the person who is registered as the registered agent

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

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

DELETE

11 TITLE

Change Addition

NAME

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

12 NAME

STREET ADDRESS

**15320 S.W. 77TH AVENUE
MIAMI FL**

13 STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

14 CITY-ST-ZIP

Change Addition

TITLE

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

DELETE

21 TITLE

Change Addition

NAME

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

22 NAME

STREET ADDRESS

**1200 WEST AVE #205
MIAMI BCH FL**

23 STREET ADDRESS

CITY-ST-ZIP

MIAMI BCH FL

24 CITY-ST-ZIP

Change Addition

TITLE

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

DELETE

31 TITLE

Change Addition

NAME

**EISEN, JEFFREY L.
3441 FOXCROFT RD
MIRAMAR FL**

32 NAME

STREET ADDRESS

**3441 FOXCROFT RD
MIRAMAR FL**

33 STREET ADDRESS

CITY-ST-ZIP

MIRAMAR FL

34 CITY-ST-ZIP

Change Addition

TITLE

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

DELETE

41 TITLE

Change Addition

NAME

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

42 NAME

STREET ADDRESS

**2137 CHAMPIONS WAY
NORTH LAUDERDALE FL**

43 STREET ADDRESS

CITY-ST-ZIP

NORTH LAUDERDALE FL

44 CITY-ST-ZIP

Change Addition

TITLE

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

DELETE

51 TITLE

Change Addition

NAME

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

52 NAME

STREET ADDRESS

**8403 REDNOCK LANE
MIAMI LAKES FL**

53 STREET ADDRESS

CITY-ST-ZIP

MIAMI LAKES FL

54 CITY-ST-ZIP

Change Addition

TITLE

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

DELETE

61 TITLE

Change Addition

NAME

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

62 NAME

STREET ADDRESS

**8403 REDNOCK LANE
MIAMI LAKES FL**

63 STREET ADDRESS

CITY-ST-ZIP

MIAMI LAKES FL

64 CITY-ST-ZIP

Change Addition

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(2)(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, or on an attachment with an address.

SIGNATURE:

Louis L. Forster, President 4/12/96 (305)821-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)