

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90005 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S66823**

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

4. FEI Number
65-0272401

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 15050 N.W. 79 Ct., #201
 Suite, Apt. #, etc.
 22 Miami Lakes, FL
 City & State

2a. Mailing Address
 26 15050 N.W. 79 Ct., #201
 Suite, Apt. #, etc.
 27 Miami Lakes, FL
 City & State

23 33016 USA
 Zip Country

28 33016 USA
 Zip Country

9. Name and Address of Current Registered Agent
FINAN, MARY W.
8100 OAK LANE
#306
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
15050 N.W. 79 Court, #201

83 #201

84 City
Miami Lakes

85 Zip Code
FL 33016

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTER, LOUIS L.	1.2 NAME	
STREET ADDRESS	15320 S.W. 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, GEOFFREY C.	2.2 NAME	
STREET ADDRESS	1200 WEST AVE #205	2.3 STREET ADDRESS	4901 Park Avenue
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN, JEFFREY L.	3.2 NAME	
STREET ADDRESS	1220 WILSHIRE CIR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, LYNN A.	4.2 NAME	
STREET ADDRESS	2137 CHAMPIONS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINAN, MARY W.	5.2 NAME	
STREET ADDRESS	8403 REDNOCK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Jeffrey L. Eisen, VP Date: 3/10/99 Daytime Phone #: 305-821-9500

CR2E034 (11/98)