

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90005 037 ***150.00

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

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 15050 N.W. 79 Ct., #201

2a. Mailing Address

26 15050 N.W. 79 Ct., #201

Suite, Apt. #, etc.

22 Miami Lakes, FL

Suite, Apt. #, etc.

27 Miami Lakes, FL

City & State

23 33016 USA

City & State

28 33016 USA

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)
15050 N.W. 79 Court, #201

83 #201

84 City
Miami Lakes

FL

85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME FORSTER, LOUIS L.
STREET ADDRESS 15320 S.W. 77TH AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME SPENCER, GEOFFREY C.
STREET ADDRESS 1200 WEST AVE #205
CITY-ST-ZIP MIAMI BCH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4901 Park Avenue
2.4 CITY-ST-ZIP Coconut Grove, FL 33133

☒ Change

☐ Addition

TITLE VD
NAME EISEN, JEFFREY L.
STREET ADDRESS 1220 WILSHIRE CIR W
CITY-ST-ZIP PEMBROKE PINES FL 33027

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME BOWER, LYNN A.
STREET ADDRESS 2137 CHAMPIONS WAY
CITY-ST-ZIP NORTH LAUDERDALE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ST
NAME FINAN, MARY W.
STREET ADDRESS 8403 REDNOCK LANE
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0133429