


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

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Jan 09 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>V50576</b> (0)			
1. Corporation Name <b>BOWEN ENTERPRISES, INCORPORATED</b>			
Principal Place of Business <del>8802 GW 124TH ST.</del> <del>MIAMI FL 33166</del>		Mailing Address <b>5031 FIFTH AVENUE</b> <b>LOT A-7</b> <del>KEY WEST FL 33040-3707</del> <b>US</b>	
2. Principal Place of Business 21 <b>5031 FIFTH AVE.</b> 22 Suite, Apt. #, etc. <b>A7</b> 23 City & State <b>KEY WEST, FL.</b> 24 Zip <b>33040</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <b>KEY WEST, FL.</b> 28 Zip <b>33040</b> 29 Country	
9. Name and Address of Current Registered Agent <b>BOWEN, ROBERT W.</b> <b>5031 FIFTH AVENUE</b> <b>LOT A-7</b> <b>KEY WEST FL 33040</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and date, if applicable) (NOTE: Registered Agent's signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT W. BOWEN</b>	1.2 NAME	
STREET ADDRESS	<b>5031 FIFTH AVENUE A-7</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	1.4 CITY - ST - ZIP	<b>33040</b>
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN R. BOWEN</b>	2.2 NAME	
STREET ADDRESS	<del>1301 STARFISH LANE</del>	2.3 STREET ADDRESS	<b>950 COLORADO AVE - E22</b>
CITY - ST - ZIP	<del>STUART FL</del>	2.4 CITY - ST - ZIP	<b>STUART, FL 34994</b>
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANE E. KUCK</b>	3.2 NAME	
STREET ADDRESS	<b>8282 S.W. 124 STREET B 8</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>33156</b>
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ETHELWYN BOWEN</b>	4.2 NAME	
STREET ADDRESS	<b>5031 FIFTH AVENUE A-7</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	4.4 CITY - ST - ZIP	<b>33040</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do 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.

SIGNATURE: *RW Bowen* **ROBERT W. BOWEN** 6 JAN 97 292-7768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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