


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

FILED

Apr 22 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 # V53203 (8)					
1. Corporation Name RICHARD BOWEN GROUP, INC					
Principal Place of Business 1402 E LAS OLAS BLVD SUITE 123 FT LAUDERDALE FL 33301			Mailing Address 1402 E LAS OLAS BLVD SUITE 123 FT LAUDERDALE FL 33301-2336		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 07/27/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/01/1996	
22 City & State		27 City & State		4. FEI Number 65-0346202	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent J ROSA & ASSOC INC 6047 E KIMBERLY BLVD STE E NO LAUDERDALE FL 33068			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PS					
1.2 NAME BOWEN, RICHARD L					
1.3 STREET ADDRESS 1402 E LAS OLAS, STE 123					
1.4 CITY-ST-ZIP FT LAUDERDALE FL					
1.5 DELETE <input type="checkbox"/>					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
2.5 DELETE <input type="checkbox"/>					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
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5.5 DELETE <input type="checkbox"/>					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
6.5 DELETE <input type="checkbox"/>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.5 DELETE <input type="checkbox"/>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.5 DELETE <input type="checkbox"/>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.5 DELETE <input type="checkbox"/>					
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4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.5 DELETE <input type="checkbox"/>					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.5 DELETE <input type="checkbox"/>					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.5 DELETE <input type="checkbox"/>					
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: Richard L. Bowen					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/12/97					
Daytime Phone # (954) 524-6643					

CR2E034 (9/96)