

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandie B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M64466 (9)**

1. Corporation Name
FOWLER AGENCY, INC.



Principal Place of Business: **222 COLUMBIA TPKE FLURHAM PARK NJ 07932 US**
Mailing Address: **222 COLUMBIA TPKE FLURHAM PARK NJ 07932 US**

3. Date Incorporated or Qualified: **01/11/1988**
3a. Date of Last Report: **03/27/1995**
4. FLE Number: **59-2864004**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business
21. **BELLINGER, FOWLER CO.**
22. **830 MORRISTOWN PIKE**
23. **SHOAT HILLS, NJ**
24. Zip **07078** Country **USA**
2a. Mailing Address
26. **SAME**
27. **SAME**
28. **SAME**
29. Zip **07078** Country **USA**

9. Name and Address of Current Registered Agent
**CRANMER, GREGORY P.
490 E PALMETTO PARK RD
STE 300
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81. Name: **SAME**
82. Street Address: **WEEKES + CALLAWAY**
83. **777 E. ATLANTIC AV., SUITE 300**
84. City: **DELRAY BEACH** FL 85. Zip Code: **33483**

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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FOWLER, RICHARD C., JR	
STREET ADDRESS	54 LAURA LANE	
CITY-STATE-ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, PATRICIA H.	
STREET ADDRESS	54 LAURA LANE	
CITY-STATE-ZIP	MORRISTOWN NJ 07960	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WRIGHT, DONALD W.	
STREET ADDRESS	74 BEVERLY RD.	
CITY-STATE-ZIP	UPPER MONTCLAIR NJ 07043	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CRANMER, GREGORY P.	
STREET ADDRESS	940 SWEETWATER LANE	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MERCANDANTE, DONNA	
STREET ADDRESS	88 OLD LANE	
CITY-STATE-ZIP	TOWACO NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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 119.02(3)(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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR
RICHARD C. FOWLER, JR.

3/26/96 2 (201)467-0444

CR2E034 (12/95)