

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

**FILED**

**Jan 24 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 # M64466 (9)**

1. Corporation Name  
**FOWLER AGENCY, INC.**



Principal Place of Business: **BOLLINGER FOWLER CO  
830 MORRIS TURNPIKE  
SHORT HILLS NJ 07078  
US**

Mailing Address: **222 COLUMBIA TPKE  
FLURHAM PARK NJ 07832-1299  
US**

3. Date Incorporated or Qualified: **01/11/1988**      3a. Date of Last Report: **04/02/1996**

4. FEI Number: **59-2864004**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: **CRANMER, GREGORY P.  
WEEKES & CALLAWAY  
777 E. ATLANTIC AVENUE SUITE 300  
DELRAY BEACH FL 33483**

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 **FL**

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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, RICHARD C., JR</b>	1.2 NAME	
STREET ADDRESS	<b>54 LAURA LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MORRISTOWN NJ 07960</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, PATRICIA H.</b>	2.2 NAME	
STREET ADDRESS	<b>54 LAURA LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MORRISTOWN NJ 07960</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EVD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, DONALD W.</b>	3.2 NAME	
STREET ADDRESS	<b>74 BEVERLY RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>UPPER MONTCLAIR NJ 07043</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCANDANTE, DONNA</b>	4.2 NAME	
STREET ADDRESS	<b>88 OLD LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TOWACO NJ</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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: \_\_\_\_\_ Date: **1/14/97** Daytime Phone #: **201-467-0444**

CR2E034 (9/96)