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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **446418**

1. Corporation Name
HOWARD ALLEN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2900 SMITH RD. #11 MELBOURNE FL 32935
 Mailing Address: P.O. BOX 76 CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: **02/15/1974**
 4. FEI Number: **59-1515428**
 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 2984 Dusa Drive, Suite #11, Melbourne FL
 2a. Mailing Address: 26 same as above
 22. City & State: 23 Melbourne FL
 24. Zip: 25 32935, Country: 25 USA

9. Name and Address of Current Registered Agent
SHRIEVES, RICHARD
218 COUNTRY CLUB DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL**, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	IRELAND, HUMPHREY	
STREET ADDRESS	2900 SMITH ROAD #11	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	IRELAND, MARY	
STREET ADDRESS	2900 SMITH ROAD #11	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ireland, Humphrey	
1.3 STREET ADDRESS	2984 Dusa Drive #11	
1.4 CITY-ST-ZIP	Melbourne FL 32935	
2.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ireland, Mary	
2.3 STREET ADDRESS	2984 Dusa Drive #11	
2.4 CITY-ST-ZIP	Melbourne FL 32935	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Katherine Harris* 2/1/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)