

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90024 005 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **F98000005961**

1. Corporation Name  
**LAI WARD HOWELL, INC.**



Principal Place of Business: 3903 NORTHDAL BLVD., STE. 200E TAMPA FL 33624  
 Mailing Address: 3903 NORTHDAL BLVD., STE. 200E TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/27/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	13-1785231	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
WISSMAN, JACK P 3903 NORTHDAL BLVD., STE. 200E TAMPA FL 33624				<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 owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WISSMAN, JACK P 3903 NORTHDAL BLVD., STE. 200E TAMPA FL 33624				81 Name			
				Albright, Philip R.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3903 Northdale Blvd.			
				83 Suite 200E			
				84 City			
				Tampa FL			
				85 Zip Code			
				33624			

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARSON, ROBERT L			1.2 NAME	Pearson, Robert L.		
STREET ADDRESS	1601 ELM ST., STE. 4150			1.3 STREET ADDRESS	1601 Elm Street, Suite 4150		
CITY-ST-ZIP	DALLAS TX 75201-4768			1.4 CITY-ST-ZIP	Dallas, TX 75201-4768		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WISSMAN, JACK P			2.2 NAME	McDonnell, Patrick J.		
STREET ADDRESS	3903 NORTHDAL BLVD., STE. 200E			2.3 STREET ADDRESS	225 West Wacker Drive, Ste 2100		
CITY-ST-ZIP	TAMPA FL 33624			2.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRIGHT, PHILIP R			3.2 NAME			
STREET ADDRESS	3903 NORTHDAL BLVD., STE. 200E			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *[Signature]* **REQUIRED** 3/25/99 Date 813-961-7494 Daytime Phone #

CORP 11/98