FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:18

DOCUMENT # **478503** **(6)**

1. Corporation Name
JEFFREY HOWARD & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
101 ARAGON AVE. CORAL GABLES FL 33134	101 ARAGON AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1975
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21 5785 SUNSET DR.
22 Suite, Apt. #, etc
23 City & State: SOUTH MIA, FL
24 Zip: 33143
25 County: USA

2a. Mailing Address
26 5785 SUNSET DR
27 Suite, Apt. #, etc
28 City & State: SOUTH MIA, FL
29 Zip: 33143
30 County: USA

4. FEI Number: 39-1147038
☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOWARD, JEFFREY
101 ARAGON AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5785 SUNSET DR
83
84 City: SOUTH MIA FL 85 Zip Code: 33143

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	VS	11 TITLE		☒ Change ☐ Addition
NAME	HOWARD, LINDA	12 NAME		
STREET ADDRESS	101 ARAGON AVE.	13 STREET ADDRESS	5785 SUNSET DR	
CITY ST ZIP	CORAL GABLES, FL 00000	14 CITY ST ZIP	SOUTH MIA, FL 33143	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	HOWARD, JEFFREY	22 NAME		
STREET ADDRESS	101 ARAGON AVE.	23 STREET ADDRESS	5785 SUNSET DR	
CITY ST ZIP	CORAL GABLES, FL 00000	24 CITY ST ZIP	SOUTH MIA, FL 33143	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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 119.07(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: [signature] JEFFREY HOWARD PRES 6/7/95 305 662 9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0140416 CP