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

- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 650807

HOWARE	D REALTY OF JAX., INC.						
Principal Place	e of Business	Mailing Address			-	H WIWH WIWH 1	HELT BIBIT TOOL
2303 ROGERO ROAD JACKSONVILLE FL 32211 2303 ROGERO ROAD JACKSONVILLE FL 32211					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/10/1980		
2. Principal P	2. Principal Place of Business 2a. Malling Address 1 26				4. FEI Number 59-1967849	-	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intar	ngible	
24	25	29 30			I discitati i opolity vani	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
	VARD, ROBERT L., JR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2303 ROGERO ROAD JACKSONVILLE FL 32211			83			. ,	
المحادا	NOONVILLE I E OZZII		55	:			
		•	84	City	, FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes, to of Florida. Such change was author tions of Section 607.0505. Florida	he above rized by Statutes	e-named corporation	oration submits this statement for the purpose of charis board of directors. I hereby accept the appoint	hanging its ment as re	registered egistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Regi	stered Agen	t signature required			
12.	OFFICERS AN	nt and title if applicable. (NOTE: Regi	istered Agen		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
	OFFICERS AN	nt and title if applicable. (NOTE: Regi	istered Agen 13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND		
12. TITLE NAME	P HOWARD JR, ROBERT L	nt and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME	it signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE	nt and title if applicable. (NOTE: Regi ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	nt and title if applicable. (NOTE: Regi ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO ☐ Change	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST	nt and title if applicable. (NOTE: Regi ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY	nt and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO ☐ Change	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE	nt and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO ☐ Change	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY	nt and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO ☐ Change	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE	IT and title if applicable. (NOTE: Region DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	t signature required ADDRESS 1- ZIP ADDRESS T- ZIP	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.1 TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.3 STREET 4.4 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S 4.5 NAME 4.5 STREET 4.5 NAME 4.6 STREET 4.6 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD JR, ROBERT L 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000 ST HOWARD, MARY 1059 ARLINGWOOD AVE JACKSONVILLE, FL 00000	IT and title if applicable. (NOTE: Region DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.5 NAME 5.1 TITLE 4.5 NAME 5.1 TITLE 4.6 TITLE 4.7 NAME 4.8 STREET 4.7 TITLE 4.7 NAME 4.8 STREET 4.7 TITLE 4.7 NAME 4.8 STREET 4.7 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

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.

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

☐ Change

☐ Addition

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90059 032 ***150.00