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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 858016 (9)
 1. Corporation Name
HOWARD SKELTON ASSOCIATES, INC.



Principal Place of Business: **4881 TIVOLI AVE. SARASOTA FL 34235 US**
 Mailing Address: **4881 TIVOLI AVE. SARASOTA FL 34235 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **THE ATRIUMS**
81 8051 N. TAMIAN TR.
 Suite, Apt. #, etc. **26 8051 N. TAMIANI TRAIL**
22 SUITE #16
 City & State **27 SUITE #16**
23 SARASOTA FL
 Zip Country **28 SARASOTA FL**
24 34243 **25 US** **29 34243** **30 US**

3. Date Incorporated or Qualified
10/05/1983
 4. FEI Number **58-1256711**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent
WINFRED K. SKELTON
4881 TIVOLI AVE.
SARASOTA FL 34235

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	PD	<input type="checkbox"/> DELETE
NAME	SKELTON, WINIFRED K.	
STREET ADDRESS	4881 TIVOLI AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SKELTON, HOWARD C.	
STREET ADDRESS	4881 TIVOLI AVE.	
CITY-ST-ZIP	SARASOTA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

SIGNATURE: *Winifred K. Skelton* WINIFRED K. SKELTON 4/21/98 (941)360-0131

CR2E034 (10/97)