

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 31, 1999 8:00 am
Secretary of State
 08-31-1999 90003 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 858016

1. Corporation Name
 HOWARD SKELTON ASSOCIATES, INC.



Principal Place of Business: 8051 N TAMiami TRa, STE 16, SARASOTA FL 34243, US
 Mailing Address: 8051 N TAMiami TR, STE 16, SARASOTA FL 34243, US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 10/05/1983

2. Principal Place of Business: 2513 BIRNAMWOODS WAY, Suite, Apt. #, etc.
 City & State: GAINESVILLE, FL
 Zip: 32605, Country: USA
 2a. Mailing Address: 2513 BIRNAMWOODS WAY, Suite, Apt. #, etc.
 City & State: GAINESVILLE, FL
 Zip: 32605, Country: USA

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
 8. This corporation owes the current year Intangible Personal Property: Yes No

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

10. Name and Address of New Registered Agent
 81 Name: WINIFRED K. SKELTON
 82 Street Address (P.O. Box Number is Not Acceptable): 2513 BIRNAMWOODS WAY
 83
 84 City: GAINESVILLE FL 85 Zip Code: 32605

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: Signature, typed or printed name of registered agent and title if applicable. (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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SKELTON, WINIFRED K.	
1.3 STREET ADDRESS	2513 BIRNAMWOODS WAY	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
2.1 TITLE	CHAIRMAN SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD C. SKELTON	
2.3 STREET ADDRESS	2513 BIRNAMWOODS WAY	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
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 AUG 25, 1999 (052-375-1479)

CR2E034 (5/99)

HOWARD SKELTON ASSOCIATES

ADVERTISING / MARKETING
PUBLIC RELATIONS / SALES PROMOTION

INC.

August 25, 1999

858016
610974

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

TO WHOM IT MAY CONCERN:

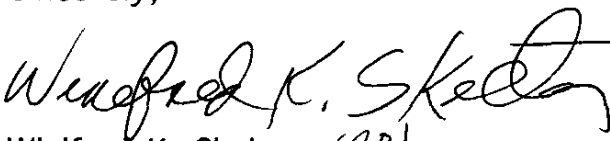
My husband, Howard Skelton, talked with a lady in your department last week and explained to her that our company moved out of 8051 N. Tamiami Trail, Suite 16, Sarasota Fl 34243 at the end of 1998 and we moved our offices to 8466 N. Lockwood Ridge Rd., Suite 259, Sarasota, FL 34243. In April we moved back to 8051 N. Tamiami Trail in Suite 37, and this is the address where we received a 2nd Notice to pay \$550.00 because we had not responded to the first notice. WE RECEIVED NO FIRST NOTICE.

She said she could certainly see how a mix-up had happened and that we should send a check for \$150.00 NOT \$550.00 to you.

Enclosed is our official registration and our check for \$150.00. Since we are moving to Gainesville Oct. 1, she suggested that we give you our new address to avoid this confusion next year.

Thank you for your understanding and consideration concerning this mix-up.

Sincerely,



Winifred K. Skelton (BB)
President