

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **858328** (8)
1. Corporation Name
HOWARD, WEIL, LABOUISSIE, FRIEDRICHS INCORPORATED



Principal Place of Business % SUSAN BROUSSARD 1100 POYDRAS ST., SUITE 800 NEW ORLEANS LA 70163-0900 US	Mailing Address % SUSAN BROUSSARD 1100 POYDRAS ST., SUITE 800 NEW ORLEANS LA 70163-0900 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1983		3a. Date of Last Report 02/02/1996	
4. FEI Number 72-0696314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Linda Lazar Howard, Weil, Labouissie Suite, Apt. #, etc. Friedrichs 22 1100 Poydras, Ste 3500 City & State 23 New Orleans, La. 70163-3500 Zip 24 70163-3500 Country 25 U.S.	2a. Mailing Address 26 Linda Lazar Howard, Weil, Labouissie Suite, Apt. #, etc. Friedrichs 27 1100 Poydras, Ste 3500 City & State 28 New Orleans, LA. 70163-3500 Zip 29 70163-3500 Country 30 U.S.
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td><td></td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>83</td><td></td></tr><tr><td>84 City</td><td>FL</td></tr><tr><td>85 Zip Code</td><td></td></tr></table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVERT, JOHN B. JR.		1.2 NAME	
STREET ADDRESS 1514 NASHVILLE AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW ORLEANS LA		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, WILLIAM H.		2.2 NAME	
STREET ADDRESS 5936 CHESTNUT STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW ORLEANS LA		2.4 CITY-ST-ZIP	
TITLE VTS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, BARBARA L.		3.2 NAME	
STREET ADDRESS 117 WAGNER DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP RIVER RIDGE LA		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 do 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 _____

CR2E034 (4/97)