

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


FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90063 017 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 858328</b>					
1. Corporation Name <b>HOWARD, WEIL, LABOUISSIE, FRIEDRICHS INCORPORATED</b>					
Principal Place of Business <b>C/O LINDA LAZAR 1100 POYDRAS, STE 3500 NEW ORLEANS LA 70163-3500 US</b>			Mailing Address <b>C/O LINDA LAZAR 1100 POYDRAS, STE 3500 NEW ORLEANS LA 70163-3500 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/02/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		72-0696314	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing	
81 Name				<input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable)				8. This corporation owes the current year Intangible	
83				Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
84 City				85 Zip Code	
FL					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>DCE</b>			1.2 NAME		
STREET ADDRESS <b>LEVERT, JOHN B. JR.</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>1514 NASHVILLE AVE.</b>			1.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>NEW ORLEANS LA</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.2 NAME		
NAME <b>PD</b>			2.3 STREET ADDRESS		
STREET ADDRESS <b>WALKER, WILLIAM H.</b>			2.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>5936 CHESTNUT STREET</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NEW ORLEANS LA</b>			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
NAME <b>VTS</b>			3.4 CITY-ST-ZIP		
STREET ADDRESS <b>WEAVER, BARBARA L.</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>117 WAGNER DRIVE</b>			4.2 NAME		
CITY-ST-ZIP <b>RIVER RIDGE LA</b>			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 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.

SIGNATURE: *[Signature]* **JOHN B. LEVERT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (504) 582-2662  
Date Daytime Phone #

CR2E034 (1/98)