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P	PROFIT PORATION	67.6	FLORIDA DEPA	ARTMENT OF STATE				
	AL REPORT		Secret	B Mortham ary of State				
1	19964-4	90	3- 30 80 °	CORPORATIONS				
DOCUM 1. Corporation I	/IENT # Name	G18040	(7)					
HOWA	ARD JACOBSO	INC.						
Principal Place o	of Business		Mailing Address			1 86011 10 011 0 1011 0		UN DIBIH EKTIK TURK
% HOWARD JACOBSON 107 PINE SREEK CT. ORMOND BEACH FL 32174-3005			% HOWARD JACOBSON 3 MOSS PT DR ORMOND BEACH FL 32174					
			U\$		3. Date Incorporated or Qualified 01/10/1983	i	of Last Ro 04/18/1	
2. Frincipal Piac			2a. Mailing Address		4. FEI Number			Applied For
Suite, Apt. #,	<u>ward Ja</u> , etc.	cobson 20	Suite, Apt. #, etc.		59-2292705			Not Applicable Additional
	SPOINT A	OR. 2	_J	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		Fee I	Required
City & State ORMO	NO Beach	FL 21			6. Election Campaign Financing Trust Fund Contribution		Added	May Be
132174	25	ISA 25		Country 30	8. This corporation has liability for Florida Statutes	or intangible tax es []] No	x under s	199.032,
	9. Name and Add	dress of Current Rec	gistered Agent	81 Name	10. Name and Address of New	Registered A	\gent	
	SON, HOWARD S POINT DRIVE			82 Street Add	iress (P.O. Box Number is Not Accept	able)		
ORMON	ND BEACH FL 32	174		83				
				84 City		FL) Code
Pursuant to or registered familiar with,	the provisions of Sed dagent, or both, in t and accept the obl	ections 607.0502 and the State of Florida. Suligations of, Section 60	07.0505, Florida Statutes.	84 City es, the above named corporation's boa	ration submits this statement for the part of directors. Thereby accept the approximate reliability	ourpose of char opointment as r		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIOKING OFFICER OR DIRECTOR

REPORT OF THE CONTROL O