


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H38477 (6) 1. Corporation Name HOWELL OAKS INVESTMENT CORPORATION			
Principal Place of Business 12854 N. DALE MABRY STE D TAMPA FL 33618 US		Mailing Address 12854 N. DALE MABRY STE D TAMPA FL 33618-2806 US	
2. Principal Place of Business 21 11015 N. Dale Mabry Hwy. Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip Country 24 33618 25 US		2a. Mailing Address 26 11015 N. Dale Mabry Hwy. Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip Country 29 33618 30 US	
3. Date Incorporated or Qualified 01/16/1985		3a. Date of Last Report 02/16/1996	
4. FEI Number 59-2513718		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHWENCKE, KERRY R. 1645 PALM BCH.LAKES BLVD.,#200 W PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.; #720 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 _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME PD SCHWENCKE, KIM M.			
1.3 STREET ADDRESS 12954 N DALE MABRY HWY			
1.4 CITY-ST-ZIP TAMPA FL			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME STD JOYNER, MILLARD K.			
2.3 STREET ADDRESS 12954 N. DALE MABRY HWY			
2.4 CITY-ST-ZIP TAMPA FL			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME VD JOYNER, E. WAYNE			
3.3 STREET ADDRESS 12954 N. DALE MABRY HWY			
3.4 CITY-ST-ZIP TAMPA FL			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME VD SCHREIBER, GARY A.			
4.3 STREET ADDRESS 12954 N DALE MABRY HWY			
4.4 CITY-ST-ZIP TAMPA FL			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS 11015 N. Dale Mabry Hwy.			
1.4 CITY-ST-ZIP			
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS 11015 N. Dale Mabry Hwy.			
2.4 CITY-ST-ZIP			
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS 11015 N. Dale Mabry Hwy.			
3.4 CITY-ST-ZIP			
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS 11015 N. Dale Mabry Hwy.			
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 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 recorder 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 any statement with an address.			
SIGNATURE: _____ SIGNATURE REQUIRED _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

4/10/97

013-169-0249

Date

Daytime Phone #

0364139