

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H99486** (3)

1. Corporation Name

JOHN R. HOWES, P.A.



Principal Place of Business

**633 SE 3 AVE.
4-F
FORT LAUDERDALE FL 33301**

Mailing Address

**P O BOX 697
FORT LAUDERDALE FL 33302
US**

3. Date Incorporated or Qualified
02/14/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21. **Same as**

22. **above**

23. **above**

24. **above**

2a. Mailing Address

26. **Same as**

27. **above**

28. **above**

29. **above**

25. **above**

26. **above**

27. **above**

28. **above**

29. **above**

30. **above**

4. FEI Number
59-2654197

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOWES, JOHN R.
700 S ANDREWS AVE., SUITE 200
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name **John R. Howes**
82. Street Address (P.O. Box Number is Not Acceptable)
633 SE 3 Ave.
83. **4-F**
84. City **Ft. Lauderdale** FL 85. Zip Code **33301**

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 the applicable (b)(1)(B) Registered Agent signature required when registering.

6/4/96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HOWES, JOHN R.**
STREET ADDRESS **633 SE 3 AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John R. Howes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

(95) 743-6003
Daytime Phone #

CR2E034 (12/95)