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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H99486

STREET ADDRESS

SIGNATURE:

JOHN R. HOWES, P.A.

							4	* 10010) WILD 18118 1811 VIAUN 1811	LANCE BIANT BEAR I		ALBII BIBSI (BBI	
Principal P	Place of Business	Mailing Ad	dress									
633 SE 3 A	VE.	P O BOX 6										
4-F			FORT LAUDERDALE FL 33302					DO NOT WEITE	LIN TUIC CO	۸٥٥		
FORT LAUDERDALE FL 33301 US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
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	al Place of Business	2a. Mailing	Address				4.				plied For	
21		26						59-2654197	·		ot Applicable	
	Apt. #, etc.		Apt. #, etc.				5.	Certificate of Status Desired			Additional	
22		27									equired	
City & State		·	City & State				6.	Election Campaign Financing	П	\$5.00		
23		28					ļ	Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	,	Cour	ntry		8.	This corporation owes the currer				
24	25	29		30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Cur	rent Registered A	gent				10.	Name and Address of New Re	gistered Age	nt		
	OWER TOTAL D				81	Name						
HOWES, JOHN R.		•	•		82	Street Addres	ress (P.O. Box Number is Not Acceptable)					
	33 SE 3RD AVE						(B	regional de l'annoit e	energy and the	917.1 em.;	
	UIT 4-F				83			18 19日李明教会会	7	\$11 E 3 7		
F	ORT LAUDERDALE FL 33301							(特) (15 State (4) (15 State (411 931-4-51	40 ESS 5	ilen bien lest	
					84	City			FL ∣°	5 Zip (Joue	
11. Pursua	ant to the provisions of Sections 607.0	0502 and 607.1508	Florida Statute	s, the ab	юve	-named corpor	ratio	n submits this statement for the p	rpose of cha	nging its	registered -	
I office	or registered agent, or both, in the Sta L'am familiar with, and accept the obl	are or Fiorida. Such	change was au	Jinorizea	DV I	he corporation	a's bo	oard of directors. I hereby accept	the appointme	nt as re	gistered	
· agent.	am.iamiiar wiin, and accept the obi	ligations or, Section	007.0303, FIOI	iua Statu	H U S.			* * * * * * * * * * * * * * * * * * *				
SIGNATUR	RE Signature, typed or printed name of registered	enent and title if annlinable	/NOTE:	Registered	Agent	signature required v	when i	reinstation)	DATE			
12.		AND DIRECTORS	. (1012.	13.	- igo ii	agrators roganos		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	RS IN 12	
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6.3 STREET ADDRESS

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 chapter on an attachment with an address, with all other like empowered.

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90066 033 ***150.00