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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J50647

1. Corporation Name
HOWARD TEN EYCK, INC.

Principal Place of Business 4020 PARK STREET NORTH SUITE 201-A ST PETERSBURG FL 33743-0926 US	Mailing Address P.O. BOX 40926 ST PETERSBURG FL 33743-0926
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1986	4. FEI Number 59-2827868	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax. Yes No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent TEN EYCK, HOWARD 4020 PARK STREET NORTH SUITE 201-A ST. PETERSBURG FL 33709	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Robert G. Ten Eyck Robert G. Ten Eyck, President 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP TEN EYCK, HOWARD J. 12416 CAPRI CIRCLE NORTH TREASURE ISLAND FL X DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DST TEN EYCK, ROBERT G. 12416 CAPRI CIRCLE NORTH TREASURE ISLAND FL DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PRESIDENT, DIRECTOR Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DST ALICIA TEN EYCK 4020 PARK ST. N. #201-A ST. PETERSBURG, FL. 33709 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

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: Robert G. Ten Eyck 4/1/99 727-345-6238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)