

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

FILED

Jan 14 1997 8:00am

Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K13442 (4)

1. Corporation Name
 WYATT & HOWERY, INC.

Principal Place of Business

2211 LEE ROAD
 SUITE 110
 WINTER PARK FL 32789-1849
 US

Mailing Address

P. O. BOX 1946
 P.O. BOX 1946
 WINTER PARK FL 32780-1946
 US

2. Principal Place of Business

21 142 S. Swoope Ave

2a. Mailing Address

26 PO Box 941840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Maitland FL

City & State

28 Maitland FL

Zip

24 32751

Country

25 US

Zip

29 32794-1840

Country

30 US

9. Name and Address of Current Registered Agent

HOWERY, MICHAEL C.
 2211 LEE ROAD SUITE 110
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

142 S Swoope Ave

83

84 City

Maitland

FL

85 Zip Code

32751

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] Pres.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C.	
STREET ADDRESS	2211 LEE RD SUITE 110	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C.	
STREET ADDRESS	2211 LEE ROAD SUITE 110	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C.	
STREET ADDRESS	2211 LEE ROAD SUITE 110	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	142 S. Swoope Ave
1.4 CITY - ST - ZIP	Maitland FL 32751
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	142 S Swoope Ave
2.4 CITY - ST - ZIP	Maitland FL 32751
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	142 S Swoope Ave
3.4 CITY - ST - ZIP	Maitland FL 32751
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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]* Michael C. Howery, Pres. 1/6/97 407-740-5383

CR2E034 (9/96)