

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90095 007 ***150.00

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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 # K13442

1. Corporation Name
WYATT & HOWERY, INC.

Principal Place of Business 142 S. SWOOPE AVE MAITLAND FL 32751 US	Mailing Address PO BOX 941840 MAITLAND FL 32794-1840 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1515 S Orlando Ave Suite, Apt. #, etc. 22 200 City & State 23 Maitland FL Zip 24 32751	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 01/29/1988	4. FEI Number 59-2867803	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

HOWERY, MICHAEL C.
142 S SWOOPE AVE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1515 S Orlando Ave
83	Suite 200
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 Michael C Howery (Signature, typed or printed name of registered agent and title if applicable) 1/12/99 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C.
STREET ADDRESS	142 S. SWOOPE AVE
CITY-ST-ZIP	MAITLAND FL
TITLE	VST <input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C
STREET ADDRESS	142 S SWOOPE AVE
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWERY, MICHAEL C
STREET ADDRESS	142 S SWOOPE AVE
CITY-ST-ZIP	MAITLAND FL
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	1515 S Orlando Ave Suite 200
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	1515 S Orlando Ave Suite 200
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	1515 S Orlando Ave Suite 200
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 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: Michael C Howery (Signature and typed or printed name of signing officer or director) 1/12/99 Date 407-740-5383 Daytime Phone #

CR2E034 (11/98)