

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

FILED

May 02 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 # **K59809** (9)
1. Corporation Name
THE NORTH HOWARD CORPORATION

Principal Place of Business C/O JAMES T. HOLDER 5338 W CRENSHAW P O BOX 15059 TAMPA FL 33684	Mailing Address C/O JAMES T. HOLDER 5338 W CRENSHAW P O BOX 15059 TAMPA FL 33684-5059
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2. Principal Place of Business 5208 TAMPA W. BLVD		2a. Mailing Address 3600 RIO VISTA AVE		3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 09/26/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2927851	Applied For <input type="checkbox"/> Not Applicable
22 City & State TAMPA FL		27 City & State ORLANDO FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33634		28 Zip 32805		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NESLANDER, RUDOLPH J 30 OAKLEIGH LANE MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name RUDOLPH J. NESLANDER 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 84 City SAME FL 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 *Rudolph J. Neslander* **RUDOLPH J. NESLANDER** 4/17/97
Signature typed or printed (line 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, DONALD	1.2 NAME	
STREET ADDRESS	1440 NEW YORK AVENUE, SUITE 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSON, MARTIN	2.2 NAME	
STREET ADDRESS	1440 NEW YORK AVENUE, SUITE 310	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	2.4 CITY-ST-ZIP	
TITLE	PS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPENHAVER, DAVID C	3.2 NAME	
STREET ADDRESS	955 ALMOND TREE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPENHAVER, PRESTON S	4.2 NAME	
STREET ADDRESS	2170 FAWSETT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Preston S. Copenhaver* **PRESTON S. COPENHAVER** 4/17/97 407 841 7390
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)