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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

C & J HOWELL ENTERPRISES, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Busin	ess	Mailing Address				1 IBBIDINI DIN IBDID IBIDI TILOTI BINIK BIBIR DIDIN DIDIN BIDIN BIDIN BIDIN BIDIN BIDIN BIDIN BIDIN BIDIN BIDIN
% CHARLES M. HOWELL		% CHARLES M. HOWELL				
1900 VILLA ESPÁNA TRAIL		1900 VILLA ESPANA TRAIL MELBOURNE FL 32935				DO 1107 1110/75 IN THE 851 05
MELBOURNE FL 32935						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						· ·
2. Principal Place of Bu	siness	2a. Mailing Address				04/05/1989 4. FEI Number Applied For
21		26				The first of the f
] Suite, Apt. #, etc.		Suite, Apt. #, etc.				60 75
22		27				5. Certificate of Status Desired Fee Regulred
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Zip	Country	Zφ	Co	untry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9. Nan	ne and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
HOWELL, CHARLES M.				81	Name	,
1900 VILLA ESPANA TRAIL				82	Street	Address (P.O. Box Number is Not Acceptable)
MELBOURN				"	Direct	Accides (1.0. Dox (validadi is fact Acceptable)
				83		
				0.4	0:1	
				84	City	FL 85 Zip Code
11. Pursuant to the prov	visions of Sections 607.050	and 607.1508, Florida	Statutes, the a	above	e-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, typed or protect harve of registered agent and talle it applicable. (NOTE: Angistered Agent signature required when reinstating). DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTSD		☐ DEL				☐ Change ☐ Addition
	ELL, JOY		1.2 N	IAME		
	VILLA ESPANA TR		1.3 S	TREET	ADDRESS	
	Ourne fl			IIY-S	1 - ZIP	
TITLE		☐ DEL	ETE 21T	ITLE		☐ Change ☐ Addition ☐
NAME			2.2 N	IAME		
STREET ADDRESS			235	TREET	ADDRESS	
CITY-ST-ZIP				CITY - S	ST-ZIP	
TITLE		L_] DELI	ETE 3.1 T	ITLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET	address	
CITY-ST-ZIP	· ·········	····		CITY - S	T-ZIP	
TITLE		☐ DELI	TE 4.1 T	ITLE		Change Addition
NAME			4. 2 1	NAME		
STREET ADDRESS			4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				ITY - S ¹	- ZIP	
TITLE		DEL	TE 5.1 T	ITLE		Change Addition
NAME			52 N	AME		
STREET ADORESS			5.3 S	TREET	address	
CITY-ST-ZIP			5.4 C	rry-st	r-zip	
TITLE		DELI				Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET .	ADDRESS	
CITY-ST-ZIP			1	(TY-S1		

14. I hereby certify that the information supplied with this filling 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 attractment with an address.