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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L91089

HOWARD LONG INTERNATIONAL, INC.

(7)

FILED May 15 1997 8:00am Secretary of State



Principal Fia	ice or business	M	PO BOX 6688 NA WHEELING WV 26003						*** ***** ****	
124 COCANU 203 SOUTH I	LAKE TRAIL	W								
PALM BCH FL 33480-4115 US		US	US			3. Date Incorporated or Qualified				
2. Principal	Place of Business	2a.	Mailing Address				4. FEI Number	<u> </u>		pplied For
21		1-	26				65-0228488			lot Applicable
Suite, Ap	I. #. etc		Suite, Apt. #, etc.				60 7E Additional			
22		27	·····]				5. Certificate of Status Desired		•	Required
City & St.	ate	——————————————————————————————————————	City & State				6. Election Campaign Financing			
23		28	ໆ ່				Trust Fund Contribution	a party are a construction		
Zip	Country		Zip	Co	untry	······································	8. This corporation has liability for i			
24	25	29	•	30			Florida Statutes Yes No			
	9. Name and Address of Cu		tered Agent	1001	7		10. Name and Address of New Re			
in	ARD, MERRILL, CULLIS, TIMM	FY AI			B1	Name				
	O CHRISTOPHER K CASWELL				_					
2033 MIAN STREET #600					82	Street Ado	Address (P.O. Box Number is Not Acceptable)			
					83					
34	RASOTA FL 34237				"					
					84	City			85 Zip	Code
						<u> </u>		FL	<u> </u>	
11. Pursuar	nt to the provisions of Sections 607.	.0502 and 6 State of Flori	i07.1508, Florida Stat da, Such change was	utes, the a	abov	e-named cor u the cornors	rporation submits this statement for the p	urpose of	changing intment a	its registered
agent. I	am familiar with, and accept the ol	bligations o	f. Section 607.0505, I	Florida Sta	itute	S.	rporation submits this statement for the pation's board of directors. I hereby accept	or the appro	,	5.09.0.0.50
SIGNATURE										
	Signature, typed or printed name of registered					ent signature requ	uired when reinstating)	DATE		
12.		AND DIREC		13.		······································	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D		DELETE	1.11	TITLE	ļ		ļ	Change	Addition
NAME	LONG, HOWARD W.			1.21	AME					
STREET ADORES				1.35	STREET	ADORESS				
COY-SI-ZIP	PALM BCH FL	_		1.4 (CITY-S	ST-ZIP .				
THLE			DELETE	2.11	TITLE				Change	Addition
NAME				2.21	NAME					
STREET ADDRESS	;, 			2.3 9	STAEET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	3.1					Change	Addition
NAME	\				NAME	İ		•		
STREET ADDRESS	e l			1		ADDRESS				
CITY ST-ZIP	.,,	······································	DELETE		CITY-:	ST-ZIP			Change	Addition
TITLE								,	—I Octobile	/NO(((0))
NAME				1	NAME					
STREET ADORESS	5					ADDRESS				
CITY ST - ZIF			T"1 2,57,54.2			ST-ZIP			10:	7 2 3 3 5 6 7
TITLE	1		☐ DELETE	5.1		}			Change	Addition
NAME				521	NAME.					
STREET ADDRESS	8			535	STREET	ADDRESS				
CHY-SI-76				5.40	CITY-S	ST - ZIP				
TITLE			DELETE	6.1	TITLE				Change	Addition
MAME				621	NAME	j				
STREET ADDRESS	s I			6,3 5	STREET	ADDRESS				
City - St - ZIP				B		ST-ZIP				
OUT OF TH	1			0.91	VIII - 1	/1 A11	and the second s			

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 a changed, or on an attachment with an address.

Daytime Phone #