

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M83123** (3)

1. Corporation Name
GENE HOWARD PROPERTIES, INC.

Principal Place of Business
**% EUGENE J. HOWARD
1111 LINCOLN RD SUITE 800
MIAMI BCH FL 33139**

Mailing Address
**% EUGENE J. HOWARD
1111 LINCOLN RD SUITE 800
MIAMI BCH FL 33139**



2. Principal Place of Business		2a. Mailing Address	
21 Title	26 Title		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 County	29 Zip	30 County

3. Date Incorporated or Created 05/23/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0059191	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOWARD, EUGENE J
STE 400 1111 LINCOLN RD
SUITE 202
MIAMI BCH FL 33139**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0107, 607.0108, Florida Statutes, the above named individual hereby certifies 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 607.0107, Florida Statutes.

SIGNATURE: _____
DATE: _____
OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE: DP	
NAME: HOWARD, EUGENE J.	
STREET ADDRESS: STE 800 1111 LINCOLN RD	
CITY-ST-ZIP: MIAMI BCH FL	
TITLE: DVP	
NAME: HOWARD, ELSIE	
STREET ADDRESS: STE. 800, 1111 LINCOLN ROAD	
CITY-ST-ZIP: MIAMI 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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied above is true and voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or application is true and correct, 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 for 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 I am a new or continuing officer with an address.

SIGNATURE: **EUGENE J. HOWARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96 305-538-6361

CR2E034 (12/95)