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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83123

GENE HOWARD PROPERTIES, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90036 045 ***150.00

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Principal Place	e of Business	Mailing Address				4 10010011 10+ 10100 11101 11010 11000	still Offinis Athel minni genil a	inni antii rähi
% EUGENE J. HOWARD		% EUGENE J. HOWARD	% EUGENE J. HOWARD 1111 LINCOLN RD SUITE 800					
MIAMI BCH FL 33139 MIAMI BCH FL 33139			•••	••		DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed 05/23/1988	_	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	App	plied For
21	· '	26		_		<u>65-0059191</u>	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired [_ \$8.75 A	,
22		27					Fee Re	
City & State	e <u></u>	City & State	,	~ ~	.	6. Election Campaign Financing	¬ \$5.00	
23		28		<u> </u>		Trust Fund Contribution	Added to	o Fees
Zip ·	Country	Zip	Count	пу		8. This corporation owes the current		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Reg		
	9. Name and Address of Curren	t Registered Agent		1 Nam		TO. Harrie and Address of New Neg	Jistered Agent	
ном	VARD, EUGENE J					<u> </u>		
STE 400 1111 LINCOLN RD			1	82 Street Address (P.O. Box Number is Not Acceptable)				
	E 202			33				
	VII BCH FL 33139							
***************************************			8	64 City			FL 85 Zip C	Code
11 Dumuent	to the provisions of Sections 607.050.	2 and 607 1508 Florida Statu	toe the ahr		ed comora	tion submits this statement for the pu	mose of changing its	registered
office or re	egistered agent, or both, in the State (of Florida. Such change was a	authorized t	by the col	rporation's	board of directors. I hereby accept to	he appointment as reg	gistered
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Fk	orida Statut	es.			•	
SIGNATURE	Street was hared or neighbor garrie of registered agen	at and title if applicable (NOT)	· Registered A	gent signatur	re required wh	en reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTI	E: Registered A	gent signatur	re required wh	nen reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
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14. I hereby certify that the information supplied with his 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 engular exemption 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 imposured 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 appear and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 305-138-636

CR2E034 (11/9