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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

210 CROWN POINT CIRCLE

LONGWOOD FL 32779

STE 200



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

0.14.

DOCUMENT #

1. Corporation Name

(9)

RONALD R. HOWELL ESQ. P.A.

Mailing Address

PO BOX 915102

LONGWOOD FL 32781-5102

DO NOT WRITE IN THIS SPACE

FILED

Jan 16 1998 8:00am

Secretary of State

US				3. Date Incorporated or Qualified 06/06/1988	
2. Principal Place of Business 21 240 CROWN POINT	CIR. 26 PO BO	2 815	742	4. FEI Number 59-3167977	Applied For Not Applicable
Suite, Apt. #, etc. 22 Suire 208	Suite, Apt. #, etc.	- 1 1 2 2	174	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State 23 LONGWOOD /	City & Stato	D FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 2 7 7 9 Country 24 SEM II	Zip	Country	ninol G	This corporation owes or has paid the Fersonal Property Tax due June 30.	current year Intangible
	of Current Registered Agent			10. Name and Address of New Register	ed Agent
HOWELL, RONALD R. 2061 PALM VIEW DR. APOPKA FL 32712			Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
,		83			
		84	City		85 Zip Code
office or registered agent, or both, in t	the State of Florida. Such change was in obligations of, Section 607 0505, I	authorized b lorida Statute	y the corpora s.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE			Change Addition
NAME HOWELL, RONALD R.		1.2 NAME			
STREET ADDRESS 2061 PALM VIEW DRIV	VE .	1.3 STREE	I ADDRESS		
CITY-ST-ZIP APOPKA FL		1.4 CITY-	ST - ZIP		
TITLE	☐ DELETE	2111111			Change Addition
NAME		2 2 NAME			
STREET ADDRESS			ADDRESS		
CITY-\$1-ZIP	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
TITLE	LJ bettil	3.7 HILE 3.2 NAME			Change National
NAME			T ADDRESS		
STREET ADDRESS		3.4. CHY-			
CITY-S1-ZIP TITLE	DELETE	4.1 TITLE	31-71-		Change Addition
NAME		4. 2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		4.4 CITY -	S1-ZIP		
TITLE	DILETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREE	1 ADDRESS		
CITY - ST- ZIP		5.4 CI1Y-	\$1-202		
TITLE	DELETE	6.1 TITL . f			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREE	I ADORESS		
CITY-ST-7IP		6.4 CITY-	S1 - 7(P		

14. I 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 suppliemental 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.