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

2a. Mailing Address

City & State

28 Ζφ

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Suite, Apt. #, etc

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

SUITE B

Suite, Apt. #, etc

City & State

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Ζφ



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000033067** (8)

VINCENT T. HOWARD, CPA, P.A.

Principal Place of Business Mailing Address

2484 S SANFORD AVENUE 2464 S SANFORD AVENUE SUITE B
SANFORD FL 32771 SANFORD FL 32771

Country

9. Name and Address of Current Registered Agent

25

HOWARD, VINCENT T 2464 S SANFORD AVENUE

FILED Mar 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1993 4. FEI Number Applied For Not Applicable 59-3178204 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

SANFORD FL 32771

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-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.

Country

81 Name

Signature, typed or profed name of registered agent and the if applicable (NOTF: Registered Agent signature required 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE HOWARD, VINCENT T 1.2 NAME NAME 2464 S SANFORD AVENUE, SUITE B 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-S1-7IP

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 supplemental annual report is true and accurate and their 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 trusted emperators 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 all fichnical with an address.

SIGNATURE:

3-4

3-4-98 4073270108

CR2E034 (10/97)