**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P93000036163

Secretary of State

## FLORIDA DEPARTMENT OF STATE Katherine Harris

DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90177 002 \*\*\*150.00

HOWARI	O ACQUIRING CORP.					
Principal Place	e of Business	Mailing Address				
777 S FLAGLEF	R DR	C/O MICHELLE MACK				
S-310(EAST)			625 MADISON AVE. 11TH FLOOR			DO NOT WRITE IN THIS SPACE
PALM BEACH F	L 33401	NY NY 10022 US				3. Date Incorporated or Qualifed
		00				05/19/1993
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number Applied For
	lace of Edsilless	26				13-3757169 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28		·		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		Щ,		10. Name and Address of New Registered Agent
		N AVATERA BIA		81	Name	
	PRENTICE-HALL CORPORATIO	N SYSTEMS INC.	YSTEMS INC.		Street A	t Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST						
	HTE 105			83		j
TALL	AHASSEE FL 32301				City	85 Zip Code
					,	d corporation submits this statement for the purpose of changing its registered
agent, I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Sta	tutes		poration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 1	ITLE		☐ Change ☐ Addition
NAME	GITTIS, HOWARD		1.2 NAME		ł	
STREET ADDRESS	35 EAST 62ND ST 13		1.3 9	TREET	ADDRESS	5
CITY-ST-ZIP	NEW YORK NY 10022	YORK NY 10022 1.4		HTY-S	T~ZIP	
TITLE		☐ DELETE	2.17	2.1 TITLE		☐ Change ☐ Addition
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NAME					ADDRESS	s
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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 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 any attachment with an address, with all other like empowered.

**SIGNATURE:** 

HIQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #