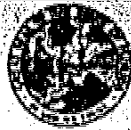


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:48

DOCUMENT # P93000078049 (2)

1. Corporation Name

HOWLAND DIVERSIFIED, INC.

Principal Place of Business

1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3209798

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 1032 Miller Drive

State, Apt. #, etc.

22 City & State
Altamonte Springs, Fl

24 32701

Country
seminole

2a. Mailing Address

26 108 Wild Holly Lane

State, Apt. #, etc.

27 City & State
Longwood, Fl

29 32779

Country
seminole

9. Name and Address of Current Registered Agent

HOWLAND, HOWARD
1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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.

SIGNATURE

(Signature by registered agent or person designated to act as agent)

(Name of Registered Agent required when filing agent)

DATE

12. OFFICERS AND DIRECTORS

1011 P
NAME HOWLAND, HOWARD
STREET ADDRESS 1032 MILLER DR.
CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701

1012 VP
NAME HOWLAND, JOYCE
STREET ADDRESS 1032 MILLER DR.
CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701

1013
NAME
STREET ADDRESS
CITY, ST, ZIP

1014
NAME
STREET ADDRESS
CITY, ST, ZIP

1015
NAME
STREET ADDRESS
CITY, ST, ZIP

1016
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY, ST, ZIP

211 TITLE
212 NAME
213 STREET ADDRESS
214 CITY, ST, ZIP

311 TITLE
312 NAME
313 STREET ADDRESS
314 CITY, ST, ZIP

411 TITLE
412 NAME
413 STREET ADDRESS
414 CITY, ST, ZIP

511 TITLE
512 NAME
513 STREET ADDRESS
514 CITY, ST, ZIP

611 TITLE
612 NAME
613 STREET ADDRESS
614 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE

Joyce Howland V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

407
865-9947