

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 12:11

DOCUMENT # **P93000084588 (1)**

1. Corporation Name  
**D. & C. HOWELL INC.**

Principal Place of Business      Mailing Address  
**6949 TAFT ST.  
PEMBROKE PINES FL 33024**      **6949 TAFT ST.  
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/10/1993**      **08/09/1994**

2. Principal Place of Business      2a. Mailing Address

21.      26.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22.      27.

City & State      City & State

23.      28.

Zip      Country      Zip      Country

24.      25.      29.      30.

4. FEI Number      Applied For  
**65-0450026**       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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WOLFE CAROLE  
2830 ISLAND DRIVE  
MIAMI FL 33023~~

81 Name **Donald Howell**  
82 Street Address (P.O. Box Number is Not Acceptable) **3950 S.W. 83 Terrace**  
83  
84 City **DAVIE** FL 85 Zip Code **33328**

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]*      DATE: **3-15-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  
NAME: **HOWELL, DONALD E**  
STREET ADDRESS: **3950 SW 83 TERRACE**  
CITY, ST, ZIP: **DAVIE FL 33328**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE: **D**  
NAME: **HOWELL, CATHERINE M**  
STREET ADDRESS: **3950 SW 83 TERRACE**  
CITY, ST, ZIP: **DAVIE FL 33328**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(3)(A), 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 807, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **3-15-95**      (705) 430-0700