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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

☐ Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084588 (1)

D. & C. HOWELL INC.

Principal Place of Business

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

8949 TAFT ST. 8949 TAFT ST. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1993 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0450026 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country rent year Intangible Zip Country Zip 8. This corporation owes or has paid the c □ No Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOWELL, DONALD Yong (d 3950 S.W. 83 TERRACE Street 82 **DAVIE FL 33328** 83 84 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. -282-വാല SIGNATURE (NOTE Registered Agent signature required when reinstating) 13. 12. Addition □ DELETE 1.1 TITLE TITLE HOWELL, DONALD E . Donald K. 1.2 NAME NAME 3950 SW 83 TERRACE 1.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33328** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 7171.8 TITLE HOWELL, CATHERINE M 2.2 NAME NAME **3950 SW 83 TERRACE** 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33328 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE

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 an attachment with an address.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

1-21-98