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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000010095 (3)

RICHARD HOWARD & ASSOCIATES, INC.

Principal Place of Business Mailing Address 5136 PINE TOP PLACE 5136 PINE TOP PLACE ORLANDO FL 32819 ORLANDO FL 32819-3846 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 MRST REPORT 2a. Mailing Address 2. Principal Place of Business Applied For 59-3406262 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOWARD, RICHARD B 5136 PINE TOP PLACE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 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 reg stered 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 any accept the poligations of, Section 607.0505, Florida Statutes. PLESIDENT SIGNATURE g-stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change **Addition** THEE . HOWARD TOP PL 1.2 NAME NAME PINE STEFF LADORESS 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP COY-ST- 2IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME TOP PL PINE STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST ZIE DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME NAME SUBSELL ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIE DELETE 4.1 TITLE Change Addition TOLE 4. 2 NAME NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIE DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAMÉ **5.3 STREET ADDRESS** STREET ADDRESS GHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE 6.2 NAME NAME

14. I do 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 changes or phan attachment with an address.

**63 STREET ADDRESS** 

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY ST-ZIF

CONATURE AND TYPED OR PRINTED NAME OF SCANING OFFICER OR DIRECTO

apr 29,1997 (407)876508

**FILED** 

May 09 1997 8:00am

Secretary of State