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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000014279 (9)

HOWIE ANDIE ENTERPRISES, INC.

## FILED May 01 1997 8:00am Secretary of State

| Principal Place of Busi   | ness  | Mailing A                               | ddress                           |                          |                    | ·····                |                   |  |             |                          |                                 |
|---|---|---|----------------------------------|--------------------------|--------------------|----------------------|-------------------|--|-------------|--------------------------|---------------------------------|
| 4827 NW 92 AVE 4827 NV  |   |   |                                  |                          |                    |                      |                   |  |             |                          |                                 |
|   |   | •••                                     |                                  |                          |                    |                      |                   | Date Incorporated or Qualified 02/15/1996                            | 3a. D       | ate of Last              | Report                          |
| 2. Principal Place of E   | Business  | 2a. Mailin                              | g Address                        |                          |                    |                      |                   | FEI Number   |             | 1                        | oplied For                      |
| 21  |   | 26                                      | ····                             |                          |                    |                      |                   | 65-064553  | 7           |                          | lot Applicable                  |
| Suite, Apt. #, etc.   |   | Suite,                                  | Apt. #, etc.                     |                          |                    |                      | 6.                | Certificate of Status Desired  |             |                          | Additional<br>Required          |
| City & State  |   | City &                                  | State                            |                          |                    |                      | 6.                | Election Campaign Financing  |             | <del> </del>             | May Be                          |
| 23  |   | 28                                      |                                  |                          |                    |                      |                   | Trust Fund Contribution  |             |                          | to Fees                         |
| Z <sub>i</sub> p  | Country   | Zip                                     |                                  | Cou                      | ntry               |                      |                   | This corporation has liability for                                   | intangible  | tax under                | s. 199.032,                     |
| 24  | 25<br>ame and Address of Curr                               | 29[                                     | \                                | 30                       |                    |                      |                   | Florida Statutes  Name and Address of New Re                         | Yes         |                          |                                 |
|   |   | eur waßistelan b                        | rgent                            |                          | 81                 | Name                 | 10.               | Name and Address of New Ne   | gistered.   | Agent                    |                                 |
| MCBEAN, ASTON<br>4827 NW 92 AVE                                 |   |   |                                  |                          |                    |                      |                   |  |             |                          |                                 |
| SUNRISE F   |   |   |                                  |                          | 82                 | Street Addre         | ess (P            | O. Box Number is Not Acceptat  | ole)        |                          |                                 |
|   |   |   |                                  | 1                        | 83                 |                      |                   |  |             |                          |                                 |
|   |   |   |                                  | į                        | 84                 | City                 |                   |  |             | 85 Zig                   | Code                            |
|   |   |   |                                  | - 1                      |                    | ,                    |                   |  | <u>FL</u>   | .     '                  |                                 |
| <ol> <li>11. Pursuant to the prooffice or registered</li> </ol> | ovisions of Sections 607.0!<br>d agent, or both, in the Sta | 502 and 607.150l<br>ite of Florida. Suc | 8, Florida Statu<br>h change was | es, the at<br>authorized | oove<br>d by       | e-named corporation  | oration<br>on's b | n submits this statement for the poard of directors. I hereby accept | orpose o    | f changing<br>ointment a | its registered<br>is registered |
| l agent Familianilia  | er with, and accept the obl                                 | igations of, Section                    | on 607.0505, Fi                  | orida Stat               | utes               | S                    |                   |  |             |                          |                                 |
| SIGNATURE   | typical or printed name of registerud a                     | agent and title if applica              | ble (NO                          | E: Registered            | 1 Age              | nt signature require | ed when           | reinstating)   | DATE        |                          |                                 |
| 12.   |   | ND DIRECTORS                            |                                  | 13.                      |                    |                      |                   | ADDITIONS/CHANGES TO OFFIC   |             | DIRECTO                  | RS IN 12                        |
| TITLE   |   |   | DELETE                           | 1.1 Til                  | TLE                |                      |                   |  |             | Change                   | Addition                        |
|   | EAN, ASTON  |   |                                  | 1.2 NA                   | ME                 |                      |                   |  |             |                          |                                 |
| OTHER PRODUCTS  | NW 92 AVE   |   |                                  | 1.3 ST                   | AEET               | ADDRESS              |                   |  |             |                          |                                 |
|   | RISE FL 33351   |   |                                  | 1.4 01                   | ·- ·- ·            | T-21P                |                   |  |             | T- 2.                    |                                 |
| TILE D  | EAN, MAJORIE  |   | ☐ DELETE                         | 2.1 11                   |                    |                      |                   |  |             | Change                   | Addition                        |
| 4007  | NW 92 AVE   |   |                                  | 2.2 N                    |                    |                      |                   |  |             |                          |                                 |
| CLIMA   | RISE FL 33351   |   |                                  |                          |                    | ADDRESS              |                   |  |             |                          |                                 |
| TITLE D   | HOL I COOOT   |   | DELETE                           | 2 4 C                    |                    | ST - 24P             |                   |  | <del></del> | Change                   | Addition                        |
| 11744   | EAN, HOWARD   |   | - Millie                         | 3.2 N                    |                    |                      |                   |  |             | CT Auguge                | Notition                        |
|   | NW 92 AVE   |   |                                  |                          |                    | ADDRESS              |                   | •  |             |                          |                                 |
|   | RISE FL 33351   |   |                                  |                          |                    | ST-ZIP               |                   |  |             |                          |                                 |
| TIFLE <b>D</b>  |   |   | DELETE                           | 4,1 70                   |                    |                      |                   |  |             | Change                   | Addition                        |
|   | ean, andrew   |   |                                  | 4, 2 N                   | AME                |                      |                   |  |             |                          |                                 |
|   | NW 92 AVE   |   |                                  | 4.3 ST                   | REET               | ADDRESS              |                   |  |             |                          |                                 |
| DITY-ST-7IP SUNF  | RISE FL 33351   |   |                                  | 4.4 Ci                   | TY-S               | T-71P                |                   |  |             |                          |                                 |
| 1011  |   |   | DELETE                           | 5.1 TI                   | TLE                | -                    |                   |  |             | ☐ Change                 | Addition Addition               |
| ]   |   |   |                                  | 5.2 NA                   | ME                 | 1                    |                   |  |             |                          |                                 |
| NAME  |   |   |                                  | 5.9 \$1                  | REET               | ADDRESS              |                   |  |             |                          |                                 |
| NAME<br>STREET ADDRESS  |   |   |                                  | 5.4 CF                   | ۲۷.5°              | T-ZIP                |                   |  |             |                          |                                 |
|   |   |   |                                  |                          |                    |                      |                   | <del> </del>   |             |                          |                                 |
| STREET ADDRESS  |   |   | DELETE                           | 6.1 7(1                  | TLE                |                      |                   |  |             | Change                   | Addition                        |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME                           |   |   | DELETE                           | 6.1 Tri<br>6.2 N/        | TLE                |                      |                   |  |             | Change                   | ☐ Addition                      |
| STREET ADDRESS  CHY-\$1-ZP  TITLE                               |   |   | ☐ DELETE                         | 6.1 Tri<br>6.2 N/        | TLE<br>AME<br>REET | ADDRESS              |                   |  |             | Change                   | Addition                        |

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 changed, or on an attachment with an address.

SIGNATURE:

ars higher

( ASTER MEBEAN)

3 21 97 (954)832-083