

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044157 (1)

1. Corporation Name

HOWE'S PROCESSING SERVICE, INC.



Principal Place of Business 6587 66TH AVE. NORTH PINELLAS PARK FL 34665 4600 IS AVE. SO. 4657 CASTLE WAY SOUTH ST. PETERSBURG FL 33712	Mailing Address 6587 66TH AVE. NORTH PINELLAS PARK FL 33781-0118 4600 IS AVE. SO. 4657 CASTLE WAY SOUTH ST. PETERSBURG FL 33712
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report N/A
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ZEOLI, SEBASTIAN JR. 6587 66TH AVE. NORTH PINELLAS PARK FL 34665	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER
NAME	ZEOLI, SEBASTIAN JR.	1.2 NAME	CAMILLE JUMPP
STREET ADDRESS	6587 66TH AVE. NORTH	1.3 STREET ADDRESS	4701- 12 AVE. SO.
CITY- ST- ZIP	PINELLAS PARK FL 34665	1.4 CITY- ST- ZIP	ST. PETERSBURG, FL 33711
TITLE		2.1 TITLE	DIRECTOR
NAME		2.2 NAME	HOWARD HOWE
STREET ADDRESS		2.3 STREET ADDRESS	4600 IS AVE. SO. 4657 CASTLE WAY SOUTH
CITY- ST- ZIP		2.4 CITY- ST- ZIP	ST. PETERSBURG FL 33712
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	ORION HOWE
STREET ADDRESS		3.3 STREET ADDRESS	4600 IS AVE. SO. 4657 CASTLE WAY SOUTH
CITY- ST- ZIP		3.4 CITY- ST- ZIP	ST. PETERSBURG FL 33712
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD HOWE

4/28/97

913 866-0171

Daytime Phone #

0384127

CR2E034 (9/96)