

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092477 (4)

1. Corporation Name  
HOWBAR, INC.

Principal Place of Business

1820 NORTH WEST 61ST AVENUE  
SUNRISE FL 33313

Mailing Address

1820 NORTH WEST 61ST AVENUE  
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14590 Candy Way Suite, Apt. #, etc. 22 City & State 23 Del Ray Beach Fl. 24 33484 Country	2a. Mailing Address 26 14590 Candy Way Suite, Apt. #, etc. 27 City & State 28 Del Ray Beach Fl. 29 33484 Country
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3. Date Incorporated or Qualified 11/07/1996	4. FEI Number 65-0713469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent		

PHILLIPS, SHELDON L.  
4801 S. UNIVERSITY DRIVE, #232  
DAVE FL 33328

81 Name Dirocco Dombrow + Akers, P.A.	82 Street Address (P.O. Box Number is Not Acceptable) 3801 W Commercial Boulevard	83 Suite 5	84 City Ft Lauderdale	85 Zip Code 33309
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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 Dirocco Dombrow + Akers, P.A. DATE 4-10-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '98	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPER, BARBARA 1820 NW 61 AVENUE SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Casper Barbara 14590 Candy Way Del Ray Beach Fl. 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Y KraKauer Howard 14590 Candy Way Del Ray Beach Fl. 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Barbara Casper DATE: 4/10/98 TELEPHONE: 561-638-1568

CR2E034 (10/97)