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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000010667

	·						
Principal Place of Business		Mailing Address					
1703 EMERSON S' JACKSONVILLE FL			1703 EMERSON ST. Jacksonville FL 32207				
				3. (			
2. Principal Plac	e of Business	2a. Mailing Add	iress	4. F			
21		26		5			
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.	5. (			
22	·	27					
City & State		City & Stat	е	6.			
23		28					
Zip	Country	Zip	Country	8. ]			
24	25	29	30	10.			
	9. Name and Address of Cu	irrent Registered Agen	81 Na	ime			
DEICH	ENBACH, BENJAMIN JR.		1.1				
HEIUTI	82 Str	reet Address (P.					
	MERSON ST.						

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90001 021 \*\*\*158.75

	IE HOWE LENDING, INC.											
Principal Place	of Business	Mailing Ad	idress				7 '	( IRB::#E!   IS   B:::   Dai: 6				
		1703 EMERS	SON ST.				}					
703 EMERSON ST. 1703 EMERSON ST. ACKSONVILLE FL 32207 JACKSONVILLE FL 32207								DO NO.	r sadeste	IN THE	PDACE	
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
									amed			}·
								30/1997			Anr	olied For
2. Principal Place of Business		2a. Mailing	2a. Mailing Address			4, FEII				<u> </u>	Applicable	
1		26	26				59-	<u>3438558</u>			\$8.75 A	<del></del>
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired			<b>γ</b> \$-	Fee Re	
										<u> </u>		——⊣
City & State		City & State					tion Campaign Fina	ncing		\$5.00 Added to		
3		28	,					t Fund Contribution				D rees
Zip	Country	Zip		Cou	intry			corporation owes th	ne currer	nt year Inta	ing/ble MYes	□No
4	25	29		30			Pers	sonal Property Tax.	N 5-			
	9. Name and Address of Current	Registered A	Agent				10. Nan	ne and Address of	New Ke	yistered /	Agent	
-					81 1	Name						
	HENBACH, BENJAMIN JR.				82 5	Street Add	ress (P.O. E	Box Number is Not A	cceptab	le)		
1703	EMERSON ST.			'		The state of the s						
JACK	KSONVILLE FL 32207				83					é .		
					-	015		<del></del>	· · · · ·	P1 .	85 Zip (	Code
	to the provisions of Sections 607.050.				1 1	City .				FL		
agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate signature, typed or printed name of registered agent	10115 01, 000110	m, 007.0000, 1	51100 41			ed when reinstal			DATE		·
	Signature, typed or printed name or registered agent	and the it applices	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
12.		ID DIRECTOR!	S	13.			ADD	TIONS/CHANGES	TO OFF	ICERS AN	ID DIRECTO	RS IN 12
	<del>, , , , , , , , , , , , , , , , , , , </del>	D DIRECTOR	s	13.			ADD	ITIONS/CHANGES	TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE	P	D DIRECTOR	S DELETE	1,1 T	TILE		ADD	ITIONS/CHANGES	TO OFF	ICERS AN	ID DIRECTO  ☐ Change	DRS IN 12  Addition
NAME	P REICHENBACH, BENJAMIN JR.	D DIRECTOR	s	1.1 Ti 1.2 N	ITLE IAME	DORESS	ADD	ITIONS/CHANGES	TO OFF	ICERS AN	ID DIRECTO	DRS IN 12 ☐ Addition
	P REICHENBACH, BENJAMIN JR. 1703 EMERSON ST.	D DIRECTOR	s	1,1 Ti 1,2 N 1,3 S	ITLE IAME STREET AL	,	ADD :	ITIONS/CHANGES	TO OFF	ICERS AN	ID DIRECTO ☐ Change	DRS IN 12 ☐ Addition
NAME	P REICHENBACH, BENJAMIN JR. 1703 EMERSON ST. JACKSONVILLE FL 32207	D DIRECTOR	S DELETE	1.1 TI 1.2 N 1.3 S 1.4 O	ITLE IAME STREET AL SITY-ST-Z	,	ADD	ITIONS/CHANGES	TO OFF	ICERS AN	D DIRECTO	RS IN 12 Addition
NAME STREET ADDRESS	P REICHENBACH, BENJAMIN JR. 1703 EMERSON ST. JACKSONVILLE FL 32207 S	D DIRECTOR	s	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T	ITLE IAME STREET AL SITY-ST-Z TILE	,	ADD	ITIONS/CHANGES	TO OFF	ICERS AN	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	P REICHENBACH, BENJAMIN JR. 1703 EMERSON ST. JACKSONVILLE FL 32207 S REICHENBACH, SHAWN	D DIRECTOR	S DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME STREET AL CITY-ST-Z TILE IAME	ZIP	ADD	ITIONS/CHANGES	TO OFF	ICERS AN	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P REICHENBACH, BENJAMIN JR. 1703 EMERSON ST. JACKSONVILLE FL 32207 S REICHENBACH, SHAWN	D DIRECTOR	S DELETE	1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE IAME STREET AL CITY-ST-Z TILE IAME STREET AL	DDRESS	ADD	ITIONS/CHANGES	TO OFF	ICERS AN	☐ Change	Addition
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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, with all other like empowered. CITY-ST-ZIP\* /-

SIGNATURE: