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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 032 ***150.00

DOCUMENT # P97000104272

1. Corporation Name

HAROLD L. COWAN, CPA, P.A.

Principal Place of Business

Mailing Address

~~137 SOUTH PEBBLE BEACH BLVD.~~

~~137 SOUTH PEBBLE BEACH BLVD.~~

~~UNIT 201~~

~~UNIT 201~~

~~SUN CITY CENTER FL 33573~~

~~SUN CITY CENTER FL 33573~~

2. Principal Place of Business

2a. Mailing Address

21 139 SOUTH PEBBLE BEACH BLVD

26 139 SOUTH PEBBLE BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 105

27 SUITE 105

City & State

City & State

23 SUN CITY CENTER FL

28 SUN CITY CENTER FL

Zip

Country

Zip

Country

24 33573

25 USA

29 33573

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name HAROLD L. COWAN

82 Street Address (P.O. Box Number is Not Acceptable)
139 S PEBBLE BEACH BLVD

83 SUITE 105

84 City SUN CITY CENTER

85 Zip Code FL 33573

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

HAROLD L. COWAN

H. Cowan

1/4/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME COWAN, HAROLD L
STREET ADDRESS ~~137 SOUTH PEBBLE BEACH BLVD.~~
CITY-ST-ZIP SUN CITY CENTER FL 33573

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 139 SOUTH PEBBLE BEACH BLVD
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

H. Cowan

HAROLD L. COWAN

1/4/99

(913) 634-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0382572