

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90015 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000045660

1. Corporation Name
HOWA CONSULTING, INC.



Principal Place of Business: 3510 SE 10TH PLACE CAPE CORAL FL 33904
 Mailing Address: 3510 SE 10TH PLACE CAPE CORAL FL 33904
c/o Hollmann

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4753 Estero Blvd. Suite, Apt. #, etc. Apt. 601B
 City & State: Fort Myers, FL
 Zip: 33931
 2a. Mailing Address: Bahnstrasse 17A
 Suite, Apt. #, etc.
 City & State: 61381 Friedrichsdorf
 Zip: Country: Germany

3. Date Incorporated or Qualified: 05/15/1998
 4. FEI Number: 65-0871165
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
HOLLMAN, OTMAR
3510 SE 10TH PLACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
 81 Name: Otmar Hollman
 82 Street Address (P.O. Box Number is Not Acceptable): 4753 Estero Blvd,
 83 Apt. 601B
 84 City: Fort Myers Beach FL
 85 Zip Code: 33931

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]* DATE: 5-14-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLMANN, OTMAR	
STREET ADDRESS	BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDE, HEINRICH	
STREET ADDRESS	IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLMANN, DORIS	
STREET ADDRESS	BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLMANN, SONJA	
STREET ADDRESS	EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: 5-14-99 DAYTIME PHONE #: (941) 463-7836

CR2E034 (11/98)