

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

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

06-07-1999 90015 020 ***550.00

DOCUMENT # P98000045660

1. Corporation Name

HOWA CONSULTING, INC.



Principal Place of Business

Mailing Address

3510 SE 10TH PLACE
CAPE CORAL FL 33904

3510 SE 10TH PLACE
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

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

10. Name and Address of New Registered Agent

HOLLMAN, OTMAR
3510 SE 10TH PLACE
CAPE CORAL FL 33904

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-14-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOLLMANN, OTMAR
STREET ADDRESS BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF
CITY-ST-ZIP GERMANY

DELETE

TITLE D
NAME WALDE, HEINRICH
STREET ADDRESS IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF
CITY-ST-ZIP GERMANY

DELETE

TITLE D
NAME HOLLMANN, DORIS
STREET ADDRESS BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF
CITY-ST-ZIP GERMANY

DELETE

TITLE D
NAME HOLLMANN, SONJA
STREET ADDRESS EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF
CITY-ST-ZIP GERMANY

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-14-99 (941) 463-7836

CR2E034 (11/98)