PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048892

IL HOWARD FINANCE & INVESTMENTS INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90089 005 ***150.00

	MID THURST & HACOTHA							
Principal Plac	ce of Business	Mailing Address				1 184114 fit ind sasan ifter gent gette gater		
309 HARRIS ST. 309 HARRIS ST.								
FT. WALTON BCH FL 32547 FT. WALTON BCH FL 32547			7				00465	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/29/1998	······	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number ~> 5 CAT	Ap	plied For
21 28						24-77-70%		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			- 			5.7 Gerificate of Status Desired		Additional ===
22		27				J. Tobilidate of Casas Total Casas	Fee Re	quired
City & StateCity & State						_6. Election Compaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added 1	o Fees
Zip	Country	Zip ,	Col	untry		8. This corporation owes the current year in		
24	25	29	30			Personal Property Tax.	[] Yes	□No
	9. Name and Address of Curre	nt Registered Agent		\Box		10. Name and Address of New Registered	Agent	
			•	81	Name			[
	VARDS, JAMES T JR.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
309 HARRIS ST.				62 Street Address (F.O. Soc Humber Sixte Acceptable)			<u>·</u>	
FT.	WALTON BCH FL 32547			83		•		1
				-			85 Zip (`ode
	•			84	City	FL	_	ļ
11 Dureuset	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the a	bove	-named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing its	registered
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorize	d by	the corporation	n's board of directors. I hereby accept the appo	intment as reg	dstered
agent. I a	Will touring win being declar and down	July 10 01, Cooling 1 co. 100		Lutes.	•	5.1.5	g	
SIGNATURE	full way	mes 710m Lot		Aged	s 1 signature required	when reinstating) DATE		}
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12 Addition
TITLE			_	ME.			Change	Addition
	1/26 MARINA Dr.		1	1.2 NAME				
NAME	アンタを見	W			ADDRESS			
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CITY-ST-ZIP	<u></u>		_	:TY-5	T- ZIP		Change	Addition
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NAME		☐ DELETE	- 6				_ `	
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CRY-ST-ZP

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 path; that I am an officer or director of the corporation or the ecceivage or musted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attack nept with all other like empowered.

SIGNATURE: