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

♣ C. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000062593 1. Corporation Name

HOWCO INC.

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

04-15-1999 90052 025 \*\*\*150.00



Principal Place	e of Business	М	ailing Address				1 1491(199 (19 191) (Bill) Balli
3716 LALANI ( SARASOTA FL		3716 LALANI BLVD SARASOTA FL 34232  siness  2a. Mailing Address  2b. Suite, Apt. #, etc.  27  City & State  28  Country  25	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed
							07/13/1998
2. Principal P	lace of Business	2a	. Mailing Address		3. Date Incorporated or Qualifed 07/13/1998  4. FEI Number  Applied F  Not Appli  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.   Yes   Added to Feet  10. Name and Address of New Registered Agent  11. Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL   85 Zip Code  bove-named corporation submits this statement for the purpose of changing its register of by the corporation's board of directors. I hereby accept the appointment as registere utes.  1. Apent signature required when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PRESIDENT   Change   Make TREET ADDRESS   3716 LALANI BLVO.  SARASSTA, FI. 34232   Change   Make TREET ADDRESS   Make TREET ADDR		
21		26				- 10	Not Applicab
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22	-	27					Fee Required
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23		28	··· <u>-</u>				
Zip	·		Zip		intry		
24				30	_		
	9. Name and Address of Curre	nt Regis	stered Agent		81	Name	iv. Name and Address of New Registered Agent
μΔΜ	BROOK, HOWARD L				Ľ		
	B LALANI BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	ASOTA FL 34232				93		
OAT	ADDIA LE GAZUE				0.5		·
					84	City	85 Zip Code
					<u> </u>	L	
office or r	registered agent or both in the State	of Flori	da. Such change was a	authorized	יעם נ	the corporation	on's board of directors. I hereby accept the appointment as registered
SIGNATURE							
			<del></del>		Agen	t signature required	V 11.00 1.00 1.00 1.00 1.00 1.00 1.00 1.
12.	OFFICERS A	ND DIR			7.5	Dos	
TITLE			□ pere⊥e			n) a	Was P I HAMBKOOK
NAME						1 7	5716 LALANI BLVO.
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14. 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 address, with all other like empowered.

SIGNATURE:

AMBROOK