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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

APPROVED ANO FILED

1978 JAN 1 6 PH 12: 20

SECRETARY OF STATE TALLAMASSET, FLORIDE

RANDY HOWE INC.								
							1841 2484 A484 B1811 6184 B184 II B1	
_			44 % - 44 1					
Principal Place of Business Mailing Address								
5215 WARRIOR LANE 5215 WARRIOR LANE KISSIMMEE FL 34741 KISSIMMEE FL 34741								
US			US		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		l
						05/21/1991		ı
	Principal Place of Bu	siness	2a. Mailing Address			4. FEI Number	Applied For	ļ
21			26	<u> </u>		59-3067484	Not Applicable	ļ
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ~~ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	١
22	City & State		City & State	City & State				ł
23	n '		├ ¬ '	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	İ
23	Zip	Country	Zip	Country		8. This corporation owes or has paid		l
24	•	25	<u>├</u> ¬	30		Personal Property Tax due June 30		l
	9. Nam	ne and Address of Curre		1		10. Name and Address of New Regis		l
	HAWES, EA	DY		81 N	ame			l
		JTH RIDGEWOOD AVE	NUE	82 Si	troot Addr	are (P.O. Boy Mumborie Not Appeniable)		l
DAYTONA BEACH FL 32114					libel Addi	ess (P.O. Box Nugritor is Not Acceptable)	059121	l
	2			83			301010009	ĺ
				84 C	ity	****150。		l
				64 0	ity		FL 85 Zip Code	l
11	. Pursuant to the prov	visions of Sections 607.05	02 and 607 1508, Florida Stalute	s, the above-na	med corp	oration submits this statement for the purp ion's board of directors. I hereby accept the	pose of changing its registered	ĺ
	agent. I am familiar	with, and accept the obli	gations of, Section 607.0505, Flor	umonzed by me rida Statutes.	e corporati	ion's board or directors. Thereby accept to	ne appointment as registered	ĺ
	GNATURE							l
	Signature, typ	ed or printed name of registered a		Registered Agent sig	grature require		DATE	ŀ
12		OF FICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	·	l
TIT	1	DANDY C	☐ DELETE	1.1 THTLE			Change Addition	ľ
NA		RANDY S		1.2 NAME				ľ
	l l	WARRIOR LANE		1.3 STREET ADD	1			l
CIT		MMEE FL 34741	DELETE	1.4 CITY - ST - ZH			Change Addition	ľ
NA.	1			2.1 TITLE			Change Addition	ľ
				2.2 NAME	DECC		•	į
	REET ADDRESS			2.3 STREET ADD	1			ĺ
Til	Y-ST-ZIP		DELETE	2. 4 CITY - ST - ZI 3.1 TITLE	^P		Change Addition	ĺ
NA	3		C) SECTE	3.2 NAME	- 1			
	REET ADDRESS			3.3 STREET ADDI	ncce			
	Y+ST-ZIP							
TIT			DELETE	3.4. CITY - ST - ZI 4.1 TITLE	<u> </u>		Change Addition	i
NA.				4. 2 NAME	- 1			
	HEET ADDRESS			4.3 STREET ADDR	9556			
	Y-ST-ZIP			4.4 City-St-Zif				
TIT			DELETE	51 1JTLE			Change Addition	
NA				52 NAME	- 1			
	REET ADDRESS			5.3 STREET ADDR	BESS			
	Y-ST-ZIP			5.4 CITY-ST-ZIF	1			
TIT			☐ DELETE	6.1 TITLE			Change Addition	
NA	1		_ : :	6.2 NAME			1/8/ 1/8	
	REET ADORESS			6.3 STREET ADDI	RESS		JUNIOMO	
	Y-ST-ZIP			6.4 CITY-ST-ZIP			1/1.	

14. Thereby 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 supplicated 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 trusted 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 in attachment with an address.

Kandy Howe