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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Purchases



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15874

(3)

Mail no Address

HOWARD ENTERPRISES, INC.

FILED Jan 28 1997 8:00am Secretary of State

!		EKNI ELEKI ULUK	

607 TUL	PLAN	E L 329/		AT FL 046	- SAA	ue			3. Date Incorporated or Qualified	3a. Da	te of La	st Report
VERO BEACH, FL 3296				>					02/21/1992 08/07/1996			,
2. Principal Place of E	J\$00088		2a, N	lailing Ad	dress				4. FEI Number	1		Applied For
21			26						65-0314103		_	Not Applicabl
Suite, Apt. #, etc.			27 S	uite, Apt.	#, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			С	ity & Stati	e	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing	··········	\$5.	DO May Be
23			28						Trust Fund Contribution			ed to Fees
Zφ	Count	ry	Z, Z	ip		Coun	try		8. This corporation has liability for	ntangible	tax und	er s. 199.032,
24	25		29			30					No	******
9. Na	me and Addr	ess of Current	Register	red Agen	t				10. Name and Address of New Re	gistered A	gent	
STEWART,						1	31	Name				
3355 OCEA VERO BEAC	N DR CH FL 32963					1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
						Te de la constant de	33					
						1	84	City		FL	85	Zip Code
44 Duranat to the	nuleizare 64 D ·	June 607.01.00	and 207	16.00 Fi-	elda Ctalist	on the et-		anmod as-	poration submits this statement for the p		obaz ali	a ita raelete
SIGNATURE Support and		nicoffegister diages			(NOT	E Registered	Ager	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIREC	FORS IN 12
TITLE D					DELETE	1. <b>1 TIT</b> L	E				Char	
NAME HOW	ARD, FRANK	G.				1.2 NAN	ΑE					
STREET ADDRESS 2 KN	WLES NO	607 TU	ilip L	MNE		1.3 STR	EET (	ADDRESS				
CITY-ST-74F STUA	RT-FL-	VERU T	CH CH	F6. 3	32967	14001	( - ST	- ZIP				
TifLf					DELETE	2.1 TH.	E				Char	ge 🔲 Additio
NAME						2.2 NAN	Æ	ļ				
STREET ADDRESS						2.3 STR	EET.	ADDRESS				
CITY ST-7P						2. 4 CIT	Y-5	T- 21P				
TIT, F				LJ	DELETE	3.1 TiTL	E.				L Char	ige 🔲 Additio
NAME						3.2 NAN	Æ					
STREET ADDRESS						3.3 STR	EET ,	ADDRESS				
C TY - ST - ZiP					OC ETP	3.4. CIT	*****	T-ZIP	**************************************		<u> </u>	T
10 LE				Ц	DELETE	4.1 TITU					L Char	ge 🔲 Additio
NAME						4. 2 NAI						
STREET ADORESS								ADDRESS				
City ST- 2iP					DELETE	4.4 C(T)		- ZIP			Char	no I sadiii
TITLE				LJ	DELETE	5.1 TITL		1			L.J UIRI	ge 🔲 Additio
NAME						5 2 NAN						
STREET ADDRESS								ADDRESS				
City St 72					DELETE	5 4 CITY		-ZIP		<b></b>	T Char	an Maria
TIFE				LJ	DELETE	6 1 TITL					Char	ge L Additio
NAM						6.2 NAM						
STREET ADDRESS								ADDRESS				
CITY - SY- 7IP						6.4 CITY	Y-\$1	-ZIP				

14. I do nereby certify that the information supplied with this bling 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 is byplemental 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 conforation of 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 the properties of the conforation of the conformation with an address.

SIGNATURE:

HE AND THE ON PRINTED NAME OF STENING OFFICER OR DIRECTOR

1/21/97

521/234-6601