## 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

## Aug 20, 1999 8:00 am Secretary of State

08-20-1999 90005 044 \*\*\*550.00

## DOCUMENT # V41904

1. Corporation Name

CHUCK	HOWARTH & ASSOCIAT	TES, INC.	_	
Principal Place	o of Business	Mailing Address		
9385 N 56TH S TEMPLE TERRA	T STE 201	9385 N 56TH ST. STE 201 TEMPLE TERRACE FL 33617		DO NOT WRITE IN THIS SPACE
บร		US		3. Date Incorporated or Qualifed
				06/05/1992
2 Oringinal C	lace of Business	2a. Mailing Address		4. FEI Number Applied For
· ·	iace or positioss	265409 MARYLA	ND WAY	59-3131039 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	1171	\$8.75 Additional
22	.,.	27 310		5. Certifcate of Status Desired Fee Required
City & State	e	City & State	ا بسب	6. Election Campaign Financing \$5.00 May Be
23		28 BRENTWOO	D IN	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 5 102 1	30 USA_	Personal Property Tax. Yes No
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered Agent
CDO	ISE, DOUGLAS L.		81 Name	
	South Armenia Avenue		82 Street	Address (P.O. Box Number is Not Acceptable)
	PA FL 33609		88	
IAW	FA FL 33003		83	
			84 City	FL 85 Zip Code
11 Dureuant	to the provisions of Sections 60	7 0502 and 607 1508. Florida Statute	s the above-named	corporation submits this statement for the purpose of changing its registered
ii. ruisuain				
office or r	anietorori anont ar hath in the S	state of Fiorida. Such change was au	uionzeo ov me corpc	oration's board of directors. I hereby accept the appointment as registered
office or r agent. I a	anietorori anont ar hath in the S	state of Florida. Such change was au obligations of, Section 607.0505, Flori	da Statutes.	oration's board of directors. Thereby accept the appointment of registered
office or r	registered agent, or both, in the sim familiar with, and accept the consistency of the signature, typed or printed name of registers	obligations of, Section 607.0505, Flori ed agent and title if applicable. (NOTE:	da Statutes.  Registered Agent signature in	required when reinstating)  OATE
office or r agent. I a SIGNATURE	registered agent, or both, in the sim familiar with, and accept the consistency of the signature, typed or printed name of registers	obligations of, Section 607.0505, Flori ed agent and title if applicable. (NOTE: IS AND DIRECTORS	da Statutes.  Registered Agent signature n	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 of the 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 attactment with an address, with all other/like/empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

615-376-9810