

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**

DOCUMENT # **K55698 (0)**

1. Corporation Name  
**MW INVESTMENT CORP.**



Principal Place of Business  
**1755 N CONGRESS AVE  
BOYNTON BEACH FL 33426**

Mailing Address  
**P.O. BOX 3669  
BOYNTON BEACH FL 33426**

2. Principal Place of Business  
21 **1100 Linton Blvd**  
Suite, Apt. #, etc.  
22 **Ste. C-9**

2a. Mailing Address  
26 **P.O. Box 4727**  
Suite, Apt. #, etc.  
27

23 **Delray Beach FL**  
City & State  
28 **Portsmouth NH**  
City & State  
24 **33444** 25 Country  
29 **03802** 30 Country

3. Date Incorporated or Qualified  
**01/04/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0256514**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CRITCHFIELD, RICHARD H.  
1745 N CONGRESS AVE.  
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature is printed on front of filing.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, MARK</b>	
STREET ADDRESS	<b>1755 N CONGRESS AVE.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMURRAIN, THOMAS T.</b>	
STREET ADDRESS	<b>1755 N CONGRESS AVE.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRITCHFIELD, RICHARD H.</b>	
STREET ADDRESS	<b>1745 N CONGRESS AVE</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Walsh, Mark</b>	
1.3 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>	
1.4 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MCMurraun, Thomas</b>	
2.3 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>	
2.4 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Critchfield, Richard</b>	
3.3 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>	
3.4 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: *Mark Walsh Pres* **4/29/96** **407 279 9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARK WALSH**

CR2E034 (12/95)