

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063106 (4)

1. Corporation Name
CLW SYSTEMS, INC.



Principal Place of Business
SCOTCH ROAD
MERCER COUNTY AIRPORT
TRENTON NJ 08628

Mailing Address
SCOTCH ROAD
MERCER COUNTY AIRPORT
TRENTON NJ 08628

3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
4. FEI Number 65-0696089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

BERGER, JAMES L
100 NORTHEAST THIRD AVENUE
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINEBARGER, LEON	1.2 NAME	Goodson, J. Michael
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	1.3 STREET ADDRESS	Scotch Road Mercer County Airport
CITY - ST - ZIP	TRENTON NJ 08628	1.4 CITY - ST - ZIP	Trenton NJ 08628
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWINGS, BILL	2.2 NAME	Harris, Terri
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	2.3 STREET ADDRESS	Scotch Road Mercer County Airport
CITY - ST - ZIP	TRENTON NJ 08628	2.4 CITY - ST - ZIP	Trenton, NJ 08628
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE:

Terri Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

Date

609 883-4000

Daytime Phone

CR2E034 (9/96)