

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100146 (4)
 1. Corporation Name
CITYWIDE CO.



Principal Place of Business 10841 SNAPPER CREEK DRIVE MIAMI FL 33173	Mailing Address 10841 SNAPPER CREEK DRIVE MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1997

2. Principal Place of Business 19370 COLLINS AVE Suite, Apt. #, etc. B14 City & State N MIAMI BEACH FL Zip 33160 Country USA	2a. Mailing Address 19370 COLLINS AVE Suite, Apt. #, etc. APT 814 City & State N. MIAMI BEACH FL Zip 33160 Country USA
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4. FEI Number
65 0796642

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PSTD	NAME MACKENZIE, DONALD	DELETED
STREET ADDRESS 10841 SNAPPER CREEK DRIVE	CITY-ST-ZIP MIAMI FL 33173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V	1.2 NAME APPELT, MONICA	1.3 STREET ADDRESS 19370 COLLINS AVE APT 814	1.4 CITY-ST-ZIP N MIAMI BEACH FL 33160	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.1 TITLE PSTD	2.2 NAME MACKENZIE, DONALD	2.3 STREET ADDRESS 19370 COLLINS AVE APT 814	2.4 CITY-ST-ZIP N MIAMI BEACH FL 33160	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

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 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: *Donald Mackenzie* **DONALD MACKENZIE** 1/2/98 9313804
 (305)

CR2E034 (10/97)