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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072885

1. Corporation Name CWI OF FLORIDA, INC.

Principal Place of Business 11273 ROCKET BOULEVARD ORLANDO FL 32824 Mailing Address 110 SE 6TH ST 20TH FL FT LAUDERDALE FL 33301 US

2. Principal Place of Business 21 110 S.E. 6th St. 22 28th Floor 23 Ft. LAUDERDALE, FL 24 33301 25 US 26 110 S.E. 6th St. 27 28th Floor 28 Ft. LAUDERDALE, FL 29 33301 30 US

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature to proceed with filing) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include DP HUDSON, HARRIS W; VS COLE, JAMES O; T HYLE, KATHLEEN; V COSMAN, JAMES H; V KILBURN, DAN; AS BARCLAY, DAVID A.

Table with 5 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP. Includes handwritten entries for HARRIS W. HUDSON, JAMES H. COSMAN, DAVID A. BARCLAY, EDWARD A. LANG, III.

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 as an attachment with an address, with all other like empowered

SIGNATURE: DAVID A. BARCLAY, SECRETARY

2/17/99 (954)769-2928