Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90017 007 ***458.75

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

DOCUMENT # 1. Corporation Name

MWI CORPORATION

						. (11172 {	()
Principal Place of Business Mailing Address						4 tilih inn aran dian bibil	OLDI) DIBII OIDII 1001
33 NW 2ND STREET 201 N FEDERAL HWY							
DEERFIELD BEACH FL 33441 DEERFIELD BCH. FL 33441							<u>.</u>
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualife	:d	•
					07/12/1950		Tanga Far
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	<u> </u>	Applied For Not Applicable
21					59-0613752		75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		ee Required
City & Stat	City & State City & State				6. Election Campaign Financin	\$5	.00 May Be
23	28				Trust Fund Contribution	- .	ded to Fees
Zip			Coun	itry	8. This corporation owes the c	urrent year Intengible	
24	25	29 3	0		Personal Property Tax.	Yes	i □No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Nev	v Registered (gent	
				81 Name			
ELLER, J. DAVID				82 Street Address (P.O. Box Number is Not Acceptable)			
201 N FEDERAL HWY							
DEERFIELD BEACH FL 33441				83			
				84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							na ite ragistered
l office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was auth	nonzea	by the corpo	pration's board of directors. I hereby acc	cept the appointment	as registered
SIGNATURE	•					DATE	
			13.	lgent signature r	ADDITIONS/CHANGES TO		CTORS IN 12
12.	ST	DELETE	1,1 TITL	F	ADDITIONS/OFFICIOLS TO	☐ Cha	
NAME	ROEGIERS, THOMAS A.	— — — — — — — — — — — — — — — — — — —				_	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-st-zip			
TITLE			2.1 TTL			☐ Cha	ange
NAME	·-·		2.2 NAA	Æ			
STREET ADDRESS	1		2.3 STR	REET ADDRESS			
CfTY-ST-ZIP	DEERFIELD BEACH FL 33441		2. 4 CIT	Y-ST-ZIP			
TITLE	V	☐ DELETE	3.1 TTTL	Ē		☐ Cha	ange 🔲 Addition
NAME	ELLER, DAREN J.		3.2 NAA	Æ			
STREET ADDRESS	1		3.3 STR	EET ADDRESS			1
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		3.4. CIT	Y-ST-ZIP			
TITLE			4.1 TITL	E		Cha	ange 🔲 Addition
NAME	ELLER, DANA J.		4. 2 NA	ME			
STREET ADDRESS	201 N. FEDERAL HWY.		4.3 STR	REET ADDRESS			
City-St-Zip	DEERFIELD BCH. FL 33441		4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITE			Cha	ange 🗌 Addition
NAME			5.2 NAA	ΛE			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

KEQithomas [A. Roegiers SIGNING OFFICER OR DIRECTOR

□ DELETE

01-08-99

Date

954-426-1500

☐ Change

Addition

Daytime Phone #