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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

332815

(0)

**DWIGHT & WILSON CO.** 

**FILED** 

May 11 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address								- 	HAIN CHOIN MAD	II QAYII QARIK D	IEI) BEDII (BB)	
2881 N.E. 7TH AVE. 2881 N.E. 7TH AVE. POMPANO BCH FL 33064 POMPANO BCH FL 3306					1064			DO NOT WRITE	IN THIS S	PACE		
								3. Date Incorporated or Qualified		''		
								07/23/1968				
				, Mailing Address				4. FEI Number			plied For	
21 26				l				59-1217698			t Applicable	
Suite, Apt. #, etc. 27				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Inlangible				
24	25			30				Personal Property Tax due June 30. 🔀 Yes 🙌 🗔 No				
	g, Name	and Address of Curr	ent Regist	ered Agent				10. Name and Address of New Re	gistered A	gent		
	MAUS,C P				€	1 Nar	ne					
2881 NE 7TH AVE POMPANO BEACH FL 33064						2 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)				
					Ē	3						
					6	4 City			FL	85 Zip	Code	
office or	registered ag	ons of Sections 607.0 ent, or both, in the Sta th, and accept the obt	ite of Florid	la. Such change was	authorized	by the i	ed corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of ot the appo	changing it intment as	s registered registered	
SIGNATURE		<u>.,</u>					<del> </del>		DATE	·		
Signature, typicd or printed name of registered agent and talle if applicable (NOTE Rolling)  OFFICERS AND DIRECTORS						gistorco Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					IC IN 10	
TOLE	PD	Ornornaz	INITY LYING O	DELETE	1.1 TITL	:	PRE	SIDENT		Change	Addition	
NAME	BOLTE	: ew			1.2 NAM		, ,,		'			
STREET ADDRESS		NE 45TH ST.				- Et addre	20					
CITY-ST-ZIP		HOUSE POINT FL				-\$1-ZIP	~					
TITLE	STD	HOODE I DINI I'E		DELETE	2.1 TITU		DIR	ECTO2		Change	Addition	
NAME		RGO, SERGIO		<del>-</del>	2.2 NAM		} _		,			
STREET ADDRESS				1	2.3 STREE1 ADDR		ss					
	CITY-ST-ZIP GIJON AS			•	2. 4 City - ST-2		~				}	
TITLE	VD			DELETE	3.1 THTL		DIE	SECTOR.		Change	Addition	
NAME		OILA, JUAN			3.2 NAN	E				=		
STREET ADDRESS		TEWART AVENUE				- Et addre	ss l				1	
CITY-ST-ZIP		EN CITY NY				-ST-ZIP	- [					
TITLE		=:- <del></del>		DELETE	4 1 TITL		SEC	WRITRY/TRESURER/ DIRE	CTOP	Change	<b>★</b> Addition	
NAME					4. 2 NAM	1E	30	AN GARRIZ			•	
STREET ADDRESS					4.3 STR	ET ADDRE	S LA	JUVERIA - TREMANOS, AF	TO. 33	3		
CITY-ST-ZIP					4.4 CITY	- ST- ZIP	GI;	JON, SPAIN 33280			[	
TITLE				DELETE	5.1 TITL		VICE	E-PRESIDENT		Change	Addition	
NAME	]				5.2 NAM	Ε	]c. 🛭	P. MAUS			}	
STREET ADDRESS	1				5.3 STR	ET ADDRE	s 390	GI NW STH ST.				
CITY-ST-ZIP					5.4 CITY	-ST-ZIP			3066			
TITLE	<del>                                     </del>	***************************************		DELETE	6.1 TITL		1	3		Change	Addition	
NAME					6.2 NAM	E						
ŀ												
STREET ADDRESS	l				63 STRI	ET ADDRE	ss					

14. Thereby 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 13 if chapted, or on an attachment with an address.

5/1/98

954-942-8321