

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 29 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **496361** (7)
 1. Corporation Name
C.M.W. INVESTMENTS, INC.



Principal Place of Business P O BOX 4378 VERO BEACH FL 32964	Mailing Address P O BOX 4378 VERO BEACH FL 32964
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1976		3a. Date of Last Report 01/23/1996	
4. FEI Number 59-1650443		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business 505 BEACHLAND BLVD	2a. Mailing Address 505 BEACHLAND BLVD
22. Suite, Apt. #, etc. SUITE 1-201	27. Suite, Apt. #, etc. SUITE 1-201
23. City & State VERO BEACH, FL	28. City & State VERO BEACH, FL
24. Zip 32963	25. Country IND LIVER
29. Zip 32963	30. Country IND LIVER

9. Name and Address of Current Registered Agent WELLFORD, JOHN L., JR. 1024 CASTAWAY BLVD VERO BEACH FL 32963		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Numbers Not Acceptable) 505 BEACHLAND BLVD	
83. SUITE 1-201		84. City VERO BEACH	
		85. Zip Code FL 32963	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELLFORD, JOHN L. JR.		1.2 NAME	
STREET ADDRESS 1024 CATAWAY BLVD		1.3 STREET ADDRESS 505 BEACHLAND BLVD, SUITE 1-201	
CITY-ST-ZIP VERO BEACH FL		1.4 CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE D.	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELLFORD, JOHN L. JR.		2.2 NAME	
STREET ADDRESS 1024 CASTAWAY BLVD		2.3 STREET ADDRESS 505 BEACHLAND BLVD, SUITE 1-201	
CITY-ST-ZIP VERO BEACH FL		2.4 CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELLFORD, MARY A.		3.2 NAME	
STREET ADDRESS 1024 CASTAWAY BLVD		3.3 STREET ADDRESS 505 BEACHLAND BLVD, SUITE 1-201	
CITY-ST-ZIP VERO BEACH FL		3.4 CITY-ST-ZIP VERO BEACH, FL 32963	
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: _____ SIGNATURE REQUIRED **07/22/97 501-234-1441**

CR2E034 (4/97)