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PROFIT CORPORATION ANNUAL REPORT . 1999

DOCUMENT # 695996



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Mar 12, 1999 8:00 am Secretary of State Katherine Harris

03-12-1999 90017 007 ***458.75

MWI TRA	ADING CORPORATION							
Principal Place	e of Business	Mailing Address				- I SARAKA BIRKA HATAN BIRKA B		16 B1611 81811 1881
33 NW 2ND ST P. O. BOX 1195 DEERFIELD BEACH FL 33441 DEERFIELD BCH. FL 33443 US US						DO NOT WRITE IN THIS	SPACE	
ı						3. Date Incorporated or Qualifed 07/24/1981		
2 Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	acco of Basilioss	26				59-2114609		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required 4
City & State	А	City & State				6. Election Campaign Financing	\$5.00	0 May Be
23	_	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In		
24	25 •		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
ROF	GIERS, THOMAS A			"	Manie	<u></u>		
201 N FEDERAL HWY				82 Street Address (P.O. Box Numb		ress (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33441				83				
•	,			84	City		85 Zip	p 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	Signature, typed or printed name of registered agent	and title if applicable. {NOTE: F	Registered	Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE			1.1 TII	ΠE		•	Change	e 🗀 Addition
NAME	5. 5			ME				
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS		• •		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			TY-ST	-ZIP			
TITLE	·		2.1 111	RE			Change	e Addition
NAME			2.2 NA	WE				
STREET ADDRESS			2.3 ST	REE,T	ADDRESS			1
CITY-ST-ZIP			_	1TY-51	r-zip			- D Addition
TITLE	<u> </u>		3.1 TT			•	Change	e
NAME	THOMAS A. ROEGIERS		3.2 NA					
STREET ADDRESS	201 N FEDERAL HWY				ADDRESS	•		
CITY-ST-ZIP				TY-\$1	r-ZIP		[] Change	e 🗀 Addition
TITLE	V ELLED DAMA I		4.1 ∏1 4.2 N		,		_ 59(
NAME	ELLER, DANA J. 201 N. FEDERAL HWY.		4. 2 N		4000E00			
STREET ADDRESS	DEERFIELD BCH. FL 33441				ADDRESS			
CITY-ST-ZIP	DEERFIELD DOTI. FL 33441	☐ DELETE	4.4 CF	TY-ST	-41		Change	e Addition
TITLE NAME		₩ ₽₽₽₽	5.2 NA				_	_
STREET ADDRESS	•				ADDRESS			1
CITY-ST-ZIP				TY-ST		,		f
TITLE		☐ DELETE	6.1 TIT				Change	e
NAME			6.2 NA	ME				ĺ
STREET ADDRESS	,		6.3 ST	REET	ADDRESS			1

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 to an 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.

SIGNATURE:

STREET ADDRESS

REQUINOMASEA. Roegiers

01-08-99

954-426-1500

Daytime Phone #