

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F85621 (3)
1. Corporation Name
RWF - 1, INC.

Principal Place of Business 2400 E. COMMERCIAL BLVD SUITE 826 FT. LAUDERDALE FL 33308	Mailing Address 2400 E. COMMERCIAL BLVD SUITE 826 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 E. Las Olas Blvd. Suite, Apt. #, etc. 22 #1800 City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 USA		2a. Mailing Address 26 200 E. Las Olas Blvd. Suite, Apt. #, etc. 27 #1800 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA		3. Date Incorporated or Qualified 06/14/1982	
		4. FEI Number 65-0752749		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR, ESO 2400 E. COMMERCIAL BLVD., #826 FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name W. Michael Brinkley 82 Street Address (P.O. Box Number is Not Acceptable) 200 E. Las Olas Blvd. 83 #1800 84 City Ft. Lauderdale FL 85 Zip Code 33301			
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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 W. Michael Brinkley W. Michael Brinkley 2/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Co-President, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARAGAR, BERTRAM			1.2 NAME	Robert E. Lee		
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 826			1.3 STREET ADDRESS	200 E. Las Olas Blvd., #1800		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Co-President, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARAGAR, DONALD			2.2 NAME	Robert Vanucchi		
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 826			2.3 STREET ADDRESS	200 E. Las Olas Blvd., #1800		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, ROBERT W JR.			3.2 NAME			
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE 826			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			3.4 CITY-ST-ZIP			
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 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: Robert Vanucchi 2/23/98

CR2E034 (10/97)