

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 <input type="checkbox"/> 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		85 Zip Code FL 33301			

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** DATE **2/23/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARAGAR, BERTRAM 2400 E. COMMERCIAL BLVD., STE 826 FT. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Co-President, T, D Robert E. Lee 200 E. Las Olas Blvd., #1800 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARAGAR, DONALD 2400 E. COMMERCIAL BLVD., STE 826 FT. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Co-President, S, D Robert Vanucchi 200 E. Las Olas Blvd., #1800 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRAZIER, ROBERT W JR. 2400 E. COMMERCIAL BLVD., STE 826 FT. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)