FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
May 07 1997 8:00am
Secretary of State**

DOCUMENT # F96000002768 (7)

1. Corporation Name
CWD MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
151 MARY ESTHER CUTOFF #501 MARY ESTHER FL 32569	151 MARY ESTHER CUTOFF #501 MARY ESTHER FL 32569

3. Date Incorporated or Qualified
06/04/1996

3a. Date of Last Report

	2. Principal Place of Business		2a. Mailing Address	4. FEI Number **72-1135005**	Applied For / Not Applicable
21		26			
22	Suite, Apt. #, etc. *Suite 504A*	27	Suite, Apt. #, etc. *Suite 504A*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24	Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, CHARLES W
151 MARY ESTHER CUTOFF #501
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	FL 85 Zip Code

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: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**	
TITLE **DCPS** ☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME **DAVIS, CHARLES W**	1.2 NAME		
STREET ADDRESS **151 MARY ESTHER CUTOFF #501**	1.3 STREET ADDRESS	*151 Mary Esther Cutoff Suite 504A*	
CITY-ST-ZIP **MARY ESTHER FL 32569**	1.4 CITY-ST-ZIP		
TITLE **T** ☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME **DAVIS, CHARLES W**	2.2 NAME		
STREET ADDRESS **151 MARY ESTHER CUTOFF #501**	2.3 STREET ADDRESS	*151 Mary Esther Cutoff Suite 504A*	
CITY-ST-ZIP **MARY ESTHER FL 32569**	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____   *4/30/97*   *904-664-6992*