

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F9600000400T (1)

1. Corporation Name
RWK CORPORATION

Principal Place of Business
6021 BOCA GRANDE CAUSEWAY RD., APT. 78
BOCA GRANDE FL 33921

Mailing Address P.O. Box 97
6021 BOCA GRANDE CAUSEWAY RD., APT. 78
BOCA GRANDE FL 33921



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 P.O. Box 97		08/06/1996		08/06/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 BOCA GRANDE, FL		36-2813926		Not Applicable	
24 Country		29 33921		5. Certificate of Status Desired		8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	KRUSE, ROBERT
NAME	KRUSE, ROBERT	1.2 NAME	P.O. BOX 97 6021 BOCA GRANDE CAUSEWAY RD
STREET ADDRESS	6021 BOCA GRANDE CAUSEWAY RD., APT. 78	1.3 STREET ADDRESS	BOCA GRANDE FL 33921
CITY-ST-ZIP	BOCA GRANDE FL 33921	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	KRUSE, CAROL D
NAME	KRUSE, CAROL D	2.2 NAME	P.O. BOX 97 6021 BOCA GRANDE CAUSEWAY RD
STREET ADDRESS	6021 BOCA GRANDE CAUSEWAY RD., APT. 78	2.3 STREET ADDRESS	BOCA GRANDE FL 33921
CITY-ST-ZIP	BOCA GRANDE FL 33921	2.4 CITY-ST-ZIP	RD, APT 78
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: ROBERT W. KRUSE 4/7/97 941-964-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR