

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G15364** (4)

1. Corporation Name

E.W. PROPERTIES, INC.



Principal Place of Business

Mailing Address

**7275 REGINA ROYALE BLVD.
C/O EDWARD S. WYKA
SARASOTA FL 34238
US**

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C/O EDWARD S. WYKA
SARASOTA FL 34238
US**

3. Date Incorporated or Qualified 12/28/1982	3a. Date of Last Report 01/23/1995
4. FEI Number 59-2248661	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**WYKA, EDWARD S.
7275 REGINA ROYALE BLVD.
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 of Registered Agent or Agent-in-Charge (Required)

Signature of Registered Agent or Agent-in-Charge (Required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.1 STREET ADDRESS	1.2 STREET ADDRESS
CITY-STATE-ZIP		1.1 CITY-STATE-ZIP	1.2 CITY-STATE-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
NAME	STREET ADDRESS	2.1 STREET ADDRESS	2.2 STREET ADDRESS
CITY-STATE-ZIP		2.1 CITY-STATE-ZIP	2.2 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.1 STREET ADDRESS	3.2 STREET ADDRESS
CITY-STATE-ZIP		3.1 CITY-STATE-ZIP	3.2 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
NAME	STREET ADDRESS	4.1 STREET ADDRESS	4.2 STREET ADDRESS
CITY-STATE-ZIP		4.1 CITY-STATE-ZIP	4.2 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.1 STREET ADDRESS	5.2 STREET ADDRESS
CITY-STATE-ZIP		5.1 CITY-STATE-ZIP	5.2 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
NAME	STREET ADDRESS	6.1 STREET ADDRESS	6.2 STREET ADDRESS
CITY-STATE-ZIP		6.1 CITY-STATE-ZIP	6.2 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)