


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 SEP 12 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G70930 (4)</b> 1. Corporation Name <b>DWP &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>250 BIRD ROAD SUITE 302 CORAL GABLES FL 33146</b>			Mailing Address <b>250 BIRD ROAD SUITE 302 CORAL GABLES FL 33146</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/21/1983</b> 3a. Date of Last Report <b>04/14/1995</b> 4. FEI Number <b>59-2346174</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SIPOS, ANDREW L. JR. 250 BIRD ROAD SUITE 302 CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is No.) 83 City 84 Zip Code <b>FL</b>	
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, type, for printed name of registered agent and title, if applicable. (If "OTE" Registered Agent's signature required when re-statistg) DATE _____					
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY - ST - ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY - ST - ZIP 12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY - ST - ZIP 12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY - ST - ZIP 12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY - ST - ZIP 12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY - ST - ZIP 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY - ST - ZIP 12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY - ST - ZIP 12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY - ST - ZIP 12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY - ST - ZIP 12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY - ST - ZIP 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY - ST - ZIP 12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY - ST - ZIP 12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY - ST - ZIP 12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY - ST - ZIP 12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY - ST - ZIP 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY - ST - ZIP 12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY - ST - ZIP 12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY - ST - ZIP 12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY - ST - ZIP 12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY - ST - ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY - ST - ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY - ST - ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY - ST - ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY - ST - ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY - ST - ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY - ST - ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY - ST - ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY - ST - ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY - ST - ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY - ST - ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY - ST - ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY - ST - ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY - ST - ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY - ST - ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY - ST - ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY - ST - ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY - ST - ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY - ST - ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address					
SIGNATURE: <b>Gill S. Plask</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 14 August 1996 DWP & ASSOCIATES, INC.					

CR2E034 (3/96)