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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:31

DOCUMENT # G95285 (4)

1. Corporation Name
DWM INVESTMENTS, INC.

Principal Place of Business	Mailing Address
7912-10TH AVE..S. ST PETERSBURG FL 33707	7912-10TH AVE..S. ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2039069	☐ 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 7985 12TH AVE W	26 390 BOCA CIEGA PT BV SO
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BRADENTON FL	28 MADEIRA BEACH FLA
24 Zip 34209	25 Country PINELLAS
29 Zip 33708	30 Country PINELLAS

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HITCHENS, PAUL W. 6464 1ST AVENUE N. ST. PETERSBURG FL 33710	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 _____ DATE
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	VP	11 TITLE	☐ Change ☐ Addition
NAME	MUZICHUK, DOROTHY M.	12 NAME	
STREET ADDRESS	~~7912-10 AVE SO, ST PL~~ 390 BOCA CIEGA PT BV SO	13 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETE FL~~ MADEIRA BEACH FL 33708	14 CITY-ST-ZIP	
TITLE	STP	21 TITLE	☐ Change ☐ Addition
NAME	MUZICHUK, WALTER D.	22 NAME	
STREET ADDRESS	~~7912-10 AVE SO~~ 390 BOCA CIEGA PT BV SO	23 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETE FL~~ MADEIRA BEACH FL 33708	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Walter D Muzichuk WALTER D. MUZICHUK 5-15-95 813 535 6638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307020 CP