

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G95285** (4)

1. Corporation Name  
**DWM INVESTMENTS, INC.**



Principal Place of Business  
**6585 120TH AVENUE-NORTH  
LARGO FL 34648  
US**

Mailing Address  
**390 BOCA CIEGA PT BV SO  
FL LAUDERDALE BEACH FL 33708  
US MADEIRA BEACH**

3. Date Incorporated or Qualified **04/09/1984** 3a. Date of Last Report **06/29/1995**

2. Principal Place of Business  
21 **2200 E BAY DR.**  
Suite, Apt. #, etc.  
22 **113**  
City & State  
23 **LARGO FLA**  
Zip Country  
24 **34641** 25 **U.S.**

2a. Mailing Address  
26 **ABOVE**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

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

9. Name and Address of Current Registered Agent

**HITCHENS, PAUL W.  
6464 1ST AVENUE N.  
ST. PETERSBURG FL 33710**

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	VP	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>MUZICHUK, DOROTHY M.</b>	1.2 NAME	<b>MUZICHUK, DOROTHY M</b>
STREET ADDRESS	<b>390 BOCA CIEGA PT BV SO</b>	1.3 STREET ADDRESS	<b>390 BOCA CIEGA PT BV SO</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE	STP	2.1 TITLE	<b>DIRECTOR</b>
NAME	<b>MUZICHUK, WALTER D.</b>	2.2 NAME	<b>MUZICHUK, WALTER D</b>
STREET ADDRESS	<b>390 BOCA CIEGA PT BV SO</b>	2.3 STREET ADDRESS	<b>390 BOCA CIEGA PT BV SO</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE		3.1 TITLE	<b>PRES - SEC VP</b>
NAME		3.2 NAME	<b>MUZICHUK, DAVID W</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3955 140TH AVE SE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>LARGO FL 34643</b>
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 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:

**Walter D Muzichuk** **WALTER D MUZICHUK** **3-27-96** **813-392 8079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)