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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H39435

C & W ASSOCIATES, INC.

(3)

FILED

Jan 26 1998 8:00am

Secretary of State

| Principal Place of Business Mailing Address | | I SADIBIL MICE FISSO IDILI DINKO ITIALI BIDIL DENEL DIDIL BIDIE DIDIL BIDIE DIDIL BIDIE | | |
|--|--|---|--|--|
| 2160 SUNNYDALE CLEARWATER FL 34625 | 2160 SUNNYDALE CLEARWATER FL 34625 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| 2. Principal Place of Business | 2a. Mailing Address | 01/24/1985 4. FEI Number Applied For 59-2590144 Not Applicable | | |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & State | City & State | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | |
| Zip Country 25 25 | Zip Cou 29 30 | Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No | | |
| Name and Address of Current | Registered Agent | 10. Name and Address of New Registered Agent | | |
| WARNER, ROBERT 1010 FORREST CT DUNEDIN FL 34698 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 80 CAMELIA CT 84 City OLDSMAC FL 85 Zip Code 34477 | | |
| | | | | |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligat | f Florida. Such change was authorize | ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered tes. | | |
| SIGNATURE | and tile if anniaskie (NOTE: Pagistare | Apost National Control (when rejectables) | | |

| | | | OUD JIII | <u> </u> | | | |
|---|------------------------|----------------------|---------------------------------|----------------------------|--|--|--|
| 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) OATE | | | | | | | |
| | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 12 | | | |
| TITLE | P DELETE | 1.1 TITLE | | Change Addition | | | |
| NAME | WARNER, ROBERT | 1 2 NAME | | | | | |
| STREET ADDRESS | 1010 FORREST CT | 1:3 STREET ADDRESS | 80 CAMENA CT | | | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | 1.4 CITY - ST - ZIP | 80 CAMENA CT BUDSMAR FL 3467 | <i>7</i> | | | |
| TITLE | DELETE | 2.1 TITLE | | Change Addition | | | |
| NAME | | 2.2 NAME | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 2. 4 CłTY - ST - ZIP | | | | | |
| TITLE | DELETE | 3.1 TITLE | | Change Addition | | | |
| NAME | | 3.2 NAME | | i | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | ļ | | | |
| CITY-ST-ZIP | | 3.4. CITY - ST - ZIP | | | | | |
| TITLE | DELETE | 4.1 TITLE | | Change Addition | | | |
| NAME | | 4. 2 NAME | | į | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | † | | | |
| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | | | | | |
| TITLE | DELETE | 5.1 TITLE | | Change Addition | | | |
| NAME | | 5,2 NAME | | į | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change Addition | | | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | , | | | |
| GITY-ST-ZIP | | 6.4 CITY - ST - ZIP | | | | | |

14. Thereby 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.