

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90017 045 ***150.00

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DOCUMENT # **K36565**

1. Corporation Name
M.W.I. - BROWARD, INC.

Principal Place of Business
**3500 GATEWAY DR #202
POMPANO BEACH FL 33069**

Mailing Address
**3500 GATEWAY DR #202
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1988

4. FEI Number

65-0081094

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**FLUEHR, CHRISTOPHER J.
3500 GATEWAY DRIVE #202
POMPANO BCH FL 33069**

10. Name and Address of New Registered Agent

81 Name

WILLIAM B. CAMPBELL III

82 Street Address (P.O. Box Number is Not Acceptable)

1215 E. HILLSBORO BLVD.

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33441

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

TITLE **DPT** ☒ DELETE
NAME **FLUEHR, CHRISTOPHER J**
STREET ADDRESS **3500 GATEWAY DR #202**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE **DVS** ☒ DELETE
NAME **APPLEMAN, JUDY**
STREET ADDRESS **3500 GATEWAY DRIVE #202**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JUDY APPLEMAN**
1.3 STREET ADDRESS **3500 GATEWAY DRIVE #202**
1.4 CITY-ST-ZIP **POMPANO BEACH, FL. 33069**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **BRUCE R. CAMPBELL**
2.3 STREET ADDRESS **1215 E. HILLSBORO BLVD.**
2.4 CITY-ST-ZIP **DEERFIELD BEACH, FL. 33441**

3.1 TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
3.2 NAME **WILLIAM B. CAMPBELL III**
3.3 STREET ADDRESS **1215 E. HILLSBORO BLVD.**
3.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

BRUCE R. CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

854-427-8770
Daytime Phone #

CR2E034 (11/98)