


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K36565 1. Entity Name M.W.I. - BROWARD, INC.	
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Principal Place of Business 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069	Mailing Address 1215 EAST HILLSBORO DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

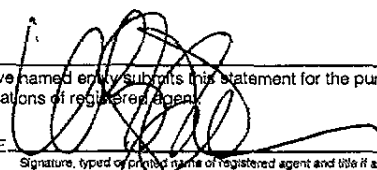
4. FEI Number 65-0081094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM B III
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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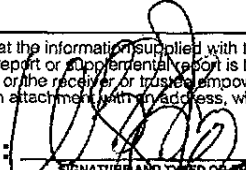
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APPLEMAN, JUDY 3500 GATEWAY DR #202 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPBELL, BRUCE R 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAMPBELL, WILLIAM B III 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 7-12-04 Daytime Phone #: 954-427-8770

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR