

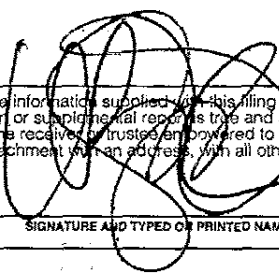


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4744
FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K36565			
1. Entity Name M.W.I. - BROWARD, INC.			
Principal Place of Business 3500 GATEWAY DR #202 POMPAÑO BEACH, FL 33069		Mailing Address 1215 EAST HILLSBORO DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE			
		04292005 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000350769 05/02/05-80117-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APPLEMAN, JUDY 3500 GATEWAY DR #202 POMPAÑO 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			
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 reports 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 _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			