

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:36

DOCUMENT # **K38881** (4)  
1. Corporation Name  
**R.W. SERVICES, INC.**

Principal Place of Business Mailing Address  
**1320 NW 93 TERR  
PLANTATION FL 33322  
US** **1320 NW 93 TERR  
PLANTATION FL 33322  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/13/1988** 3a. Date of Last Report **04/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0078871		Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILKINS, ROBERT S., JR. 1320 NW 93 TERR PLANTATION FL 33322</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a	D WILKINS, ROBERT S., JR. 8061-ENSENADA WAY MIRAMAR FL	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12b		12 NAME	
12c		13 STREET ADDRESS	1320 N.W. 93 TERR
12d		14 CITY-ST-ZIP	PLANTATION, FL 33322
12e		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f		22 NAME	
12g		23 STREET ADDRESS	
12h		24 CITY-ST-ZIP	
12i		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j		32 NAME	
12k		33 STREET ADDRESS	
12l		34 CITY-ST-ZIP	
12m		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n		42 NAME	
12o		43 STREET ADDRESS	
12p		44 CITY-ST-ZIP	
12q		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12r		52 NAME	
12s		53 STREET ADDRESS	
12t		54 CITY-ST-ZIP	
12u		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12v		62 NAME	
12w		63 STREET ADDRESS	
12x		64 CITY-ST-ZIP	

14. I hereby certify that the information given with this form is voluntarily furnished and that I am not entitled to the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 personally by me as an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Item 12 of Check 13 of this report. I am attaching with an address.

SIGNATURE: Robert S. Wilkins 3-8-95 305452-0355