

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L42210** (9)
1. Corporation Name
C W COMMUNICATIONS CONSTRUCTION, INC.



Principal Place of Business 21418 LANE SOUTH 1750 E. SUNRISE BLVD., 3RD FLOOR BOCA RATON FL 33428 US	Mailing Address 21418 SWEETWATER LN SOUTH 1750 E. SUNRISE BLVD., 3RD FLOOR BOCA RATON FL 33428 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 552 NE 35 ST Suite, Apt. #, etc. 22 City & State 23 FT. LAUD. FL Zip Country 24 33334 25	2a. Mailing Address 26 552 NE 35 ST Suite, Apt. #, etc. 27 City & State 28 FT. LAUD. FL Zip Country 29 33334 30	3. Date Incorporated or Qualified 01/12/1990	4. FEI Number 65-0165827 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WATS, CRAIG 21418 SWEETWATER LANE SOUTH BOCA RATON FL 33428	10. Name and Address of New Registered Agent 81 Name WATTS CRAIG 82 Street Address (P.O. Box Number is Not Acceptable) 552 NE 35 ST. 83 84 City State Zip Code FT. LAUD. FL FL 33334
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	WATTS, CRAIG	1.2 NAME	WATTS, CRAIG
STREET ADDRESS	% 1750 E. SUNRISE BLVD.	1.3 STREET ADDRESS	552 NE 35 ST
CITY-STATE-ZIP	FT. LAUDERDALE FL	1.4 CITY-STATE-ZIP	FT. LAUDERDALE, FL 33334
TITLE	D	2.1 TITLE	D
NAME	WATTS, CRAIG	2.2 NAME	WATTS, CRAIG
STREET ADDRESS	% 1750 E. SUNRISE BLVD.	2.3 STREET ADDRESS	552 NE 35 ST.
CITY-STATE-ZIP	FT. LAUDERDALE FL	2.4 CITY-STATE-ZIP	FT. LAUD. FL. 33334
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE:

Craig Watts **CRAIG WATTS** 2-13-98 984-565-6061

CR2E034 (10/97)