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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996	DIVISION OF CO			
DOCUN 1. Corporation	MENT # L43	3741 (2)			
L W H	INC.				
	:				
Principal Place	of Business	Mailing Address		- 1 (BADKOKI BULBADEO KUUN DDAKI BUDA	
3111 N. ANDREWS AVENUE BUILDING 2 FT. LAUDERDALE FL 33309		3111 N. ANDREWS AVEN	3111 N. ANDREWS AVENUE BUILDING 2 FT. LAUDERDALE FL 33309		
		FI. LAUDENDALE FL 333			3a. Date of Last Report 04/21/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address		4. FEI Number 65-0185800	Applied For
Suite, Apt. #	, etc.	26			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Crty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes  Yes	
	9. Name and Address of	Current Registered Agent	21	10. Name and Address of New R	egistered Agent
001111			81 Name		
COHN, ALAN B. 2021 Tyler Street			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
HOLLYWOOD FL 33020			83		
1100011	00012 00020		04 07		
	į		84 City		FL 85 Zip Code
SIGNATURE	ad agent, or both, in the State n, and accept the obligations of signature, typed or printed name of register	07.0502 and 607.1508, Florida Statutes, of Florida. Such change was authorized of, Section 607.0505, Florida Statutes.	by the corporation's board  Flegstered Agent signature required		pintment as registered agent. I am
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	VPD	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	LANGSTROTH, RUSSE		1.2 NAME		
STREET ADDRESS	3111 N. ANDREWS AV	/E., <b>#1</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL PD	☐ DELETE	1.4 CITY - ST - ZIP		
NAME	LANGSTROTH, WEND		2 1 TITLE 22 NAME		Change Addition
STREET ADDRESS	3111 N. ANDREWS AV		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	_, _,	24 City-St-ZiP		
TITLE	:	☐ DELETE	3 1 TITLE		Change Addition
NAME	!		3.2 NAME		
STREET ADDRESS	:		3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4 DITY-ST-ZIP		Change D Addoing
NAME			4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		·
CrTY-ST-ZiP			4.4 City - St - ZiP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S1 - ZIP		Change C 4ddiller
NAME	1	[_] Deceie	6. 1 YITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	$\wedge$	}	6 4 CITY - ST - ZIP		
	certify that the Information Ju	poplied with this filing is voluntarily furnished		r the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report or supplemental and user not quality for the exemption stated in section 119 0/3/kg, Florida Statutes. Turner certify that the information indicated on this annual report or supplemental an sual 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 pirector of the corporation or the receiver or instructions are provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an accuracy of the corporation of the corporation of the corporation or the receiver of instructions.

SIGNATURE:

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954-544-2000