

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

FILED  
Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **670958**  
1. Corporation Name  
**CTW Morg Corp**

Principal Place of Business Mailing Address  
**7200 W Commercial**  
**Lauderhill FL 33319**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		5-7-90		8-12-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0204088		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
Broward							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33319			
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				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY - ST - ZIP			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY - ST - ZIP			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY - ST - ZIP			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY - ST - ZIP			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY - ST - ZIP			

**Director Pres Sec**  
**Robert Vanucci**  
**2550 NE 51st St #204**  
**Ft Lauderdale FL 33308**

**Director VP Secy**  
**Stanley Bender**  
**1120 Connecticut Ave NW**  
**Wash DC 20036**

**400002207274**  
**-06/10/97--01038--013**  
**\*\*\*165.00**

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-97

Date

Daytime Phone #

CR2534 (9/96)