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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77380

(8)

RWP & ASSOCIATES, INC.

SIGNATURE:

Principal Place of Business Mailing Address 4808 WINGROVE BLVD 4808 WINGROVE BLVD ORLANDO FL 32819 ORLANDO FL 32819-3346 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3011387 21 26 Not Applicable Suite, Apt. #, etc. Suite. Ant. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zψ Country Zιρ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEINKEL, LAWRENCE 243 W. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 201 63 WINTER PARK FL 32789 84 City 85 Zip Code 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. Stigration by the pointed name of registroned agent and fillout applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE THE PIESKO, RICHARD 32E034 NAME 1.2 NAME 4808 WINGROVE BLVD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY - ST - 71P DELETE Chappe Addition 2.1 TITLE Did PIESKO, LINDA 2.2 NAME NAME **4808 WINGROVE BLVD** 2.3 STREET ADDRESS STHEET ADDRESS ORLANDO FL 2 4 CITY - ST - ZIP CITY-SI-ZIF DELETE Change Addition TATLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - ST - ZiP DELETE Change Addition 4.1 TITLE TITLE NAM: 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAMI 5.3 STREET ADDRESS STREET AUDRESS 5.4 CITY-ST-ZIP CITY-ST-ZP DELETE Addition 6.1 TITLE THE 6.2 NAME 63 STREET ADDRESS STREET ADORESS 6.4 City-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 office or director of the corporation of the receiver or trustee expowered to execute this report as required by Chapter 607. Florida Statutes: and that my name I am an officer or director of the corporation expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if