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

PROFIT CORPORATION ANNUAL REPORT

1997

U.W. HOLDINGS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(3)

DOCUMENT # P16735

FILED Feb 24 1997 8:00am Secretary of State



Delegation Disease A.O		Maritim on Antalana			<u> </u>		i (1911 ajgii 1991	
Principal Place of Business Mailing Address ACA CONTRIBUTE TOTAL AUTHUR								
1027 SOUTHWEST 30TH AVENUE 1027 SOUTHWEST 30TH AVENUE DEERFIELD BEACH FL 33442-8104								
					3. Date Incorporated or Qualified 11/09/1987	3a. Date of La 01/25/19		
Principal Place of Business	2a. Mailing Address	ailing Address		4. FEI Number		Applied For		
		26		65-0012185		Not Applicab		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	n '			sired See Sequired \$8.75 Additional			
2 City & State 3		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation has liability for inte		der s. 199.032,	
25		II	30			Yes No		
g. Name and	Address of Current F	Registered Agent			10. Name and Address of New Regis	stered Agent		
CT CORPORATION	I SYSTEM		81	Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Ad		dress (P.O. Box Number is Not Acceptable))		
			84	City		FL 85	Zip Code	
				L	rporation submits this statement for the puration's board of directors. I hereby accept t			
2. ITLE PD	OFFICERS AND D	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIREC		
TLE PU AME PELLER, AL	M D	LJ UEULIE	1.1 TITLE 1.2 NAME			L_1 Ch	inge [_] Adoiti	
REFT ADDRESS 1027 S.W. 3			1.3 STREET	I ADDRESS				
TY-ST-ZIP DEERFIELD			1.4 CITY-5	1				
TLE SD		DELETE	2 1 TITLE			☐ Cha	inge Addit	
ME CLEVENGER	, WAYNE L		22 NAME					
TREET ADDRESS 466 SOUTH			2 3 STAEET	r address	•			
ty-st-zi? CHATHAM N	IJ		2.4 DITY -					
TLE T		DELETE	3.1 TITLE	•	TREASULEL	Chi	ange 🔲 Additi	
ME LARK, JOHN			3.2 NAME		MAKEARET M. HOPVO	(Jal)		
TREET ADDRESS 1027 SW 30				ADDRESS	MARKARET M. HOTVO 1027 SW 30th Ave Deerfied Bruch , 72			
1Y-ST-ZIP DEERFIELD	BEACH FL	Deter	3.4. CITY -	ST-ZIP	beerfied bruch, th	Cha	inge Addit	
RE D	INCERN P	☐ DELETE	4.1 TITLE			LJ Cni	nige L_I AUditi	
ROBINSON, FEET ADDRESS 466 SOUTH			4. 2 NAME	ì				
OLIATIANA N			1	T ADDRESS				
TY-ST-ZIP CHAIMAM P	IU	DELETE	4.4 CITY-S 5.1 TITLE	51-14		Cha	ange Additi	
LAME			5.2 NAME	{				
REEL ADDRESS				T ADDRESS				
1Y - \$1 - 24P			5.4 C(TY-)					
ILE		DELETE	61 TITLE			Cha	ange	
WE			6.2 NAME					
REET ADDRESS				ADDRESS				
IV. St. 7/2			64 CITY+					

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.