

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P31764 (4)			
1. Corporation Name CDWW, INC.			
Principal Place of Business 10350 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654		Mailing Address 10350 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654	
2. Principal Place of Business 21 1324 GULFVIEW WOODS LN Suite, Apt #, etc 22 City & State 23 TAMPA SPRINGS, FL Zip 24 34689 Country 25 USA		2a. Mailing Address 26 1324 GULFVIEW WOODS LN Suite, Apt #, etc 27 City & State 28 TAMPA SPRINGS, FL Zip 29 34689 Country 30 USA	
3. Date Incorporated or Qualified 10/15/1990		3a. Date of Last Report 04/07/1995	
4. FEI Number 59-3028924		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent VANDIVER, MICHAEL R. 10350 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654		10. Name and Address of New Registered Agent 81 Name MICHAEL R. VANDIVER 82 Street Address (P.O. Box Number is Not Acceptable) 1324 GULFVIEW WOODS LN 83 84 City TAMPA SPRINGS FL 85 Zip Code 34689	
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 MICHAEL R. VANDIVER, PRES MICHAEL R. VANDIVER, PRES. 07/08/96 Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered agent signature required when reconstituting) (DATE)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDIVER, MICHAEL R. 10350 LAKEVIEW DRIVE NEW PORT RICHEY FL <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1324 GULFVIEW WOODS LN TAMPA SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANDIVER, JOYCE G. 10350 LAKEVIEW DRIVE NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIELS, CHARLIE 16850 CENTRAL PIKE LEBANON TN <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE-CHAIRMAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, HAZEL 16850 CENTRAL PIKE LEBANON TN <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBER, HAROLD 20379 W. COUNTRY CLUB DR. #1136 NORTH MIAMI FL <input checked="" type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERON, LEON 9554 JOCKEY CLUB LN. BRENTWOOD TN <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHAIRMAN
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: MICHAEL R. VANDIVER, PRES. MICHAEL R. VANDIVER, PRES. 07/08/96 813-955-1772 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Print)			

CR2E034 (3/96)