

**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
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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
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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	

2. Principal Place of Business 21 1324 GULFVIEW WOODS LN Suite, Apt #, etc 22	2a. Mailing Address 26 1324 GULFVIEW WOODS LN Suite, Apt #, etc 27
City & State 23 TARAD SPRINGS, FL	City & State 28 TARAD SPRINGS, FL
Zip 24 34689	Country 25 USA
Zip 29 34689	Country 30 USA

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 **TARAD 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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VANDIVER, MICHAEL R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDIVER, MICHAEL R.		1.2 NAME	
STREET ADDRESS 10350 LAKEVIEW DRIVE		1.3 STREET ADDRESS 1324 GULFVIEW WOODS LN	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP TARAD SPRINGS, FL 34689	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDIVER, JOYCE G.		2.2 NAME	
STREET ADDRESS 10350 LAKEVIEW DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE VICE-CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIELS, CHARLIE		3.2 NAME	
STREET ADDRESS 16850 CENTRAL PIKE		3.3 STREET ADDRESS	
CITY-ST-ZIP LEBANON TN		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIELS, HAZEL		4.2 NAME	
STREET ADDRESS 16850 CENTRAL PIKE		4.3 STREET ADDRESS	
CITY-ST-ZIP LEBANON TN		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARBER, HAROLD		5.2 NAME	
STREET ADDRESS 20379 W. COUNTRY CLUB DR. #1136		5.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERON, LEON		6.2 NAME	
STREET ADDRESS 9554 JOCKEY CLUB LN.		6.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN		6.4 CITY-ST-ZIP	

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)(b), 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** **813-938-1772**

CR2E034 (3/96)