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

FILED Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000037222 (5) MWR & ASSOCIATES, INC. Mailing Address Principal Place of Business 796 N MAGNOLIA AVE-801 VIRGINIA DP. ORLANDO FL-92801 -736 N MACNOLIA AVE-801 VIRGINIA DR. ORLANDO FL-82901 DO NOT WRITE IN THIS SPACE 33803 33803 3. Date Incorporated or Qualified 05/21/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0414233 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zω Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLISTON, TODD W 8211 W. BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **PLANTATION FL 33324** 84 City 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. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE SCHREBE, WAYNE A NAME 1.2 NAME 2750 N.E. 57TH COURT STREET ADDRESS 13 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE STEGMAN, ROY NAME 2.2 NAME 2750 N.E. 57TH COURT STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE THOMASSON, MICHAEL 3.2 NAME NAME 736 N MAGNOLIA AVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 1ITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME

14. Thereby 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 supplicmental agricular 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 comporation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

2/19/98

Addition

Change