

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90111 023 \*\*\*150.00

NON-PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000054161** **H.W. PROPERTIES INC**  
 1. Corporation Name  
**H.W. PROPERTIES, INC.**  
 c/o D.M. Weibling  
 1509 Jerstad Way  
 Kissimmee Florida  
 34746



Principal Place of Business Mailing Address  
 14130 ROSEMARY LANE 14130 ROSEMARY LANE  
 SUITE #6214 SUITE #6214  
 LARGO FL 33774 LARGO FL 33774  
 US *new address* US *new address*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 1509 Jerstad Way 26 1509 Jerstad Way  
 Suite, Apt. #, etc Suite, Apt. #, etc  
 22 Kissimmee Florida 27 Kissimmee Florida  
 City & State City & State  
 23 34746 28 34746  
 Zip Zip  
 Country Country  
 24 USA 29 USA 30 USA

3. Date Incorporated or Qualified  
 08/03/1993  
 4. FEI Number Applied For  
 65-0427925 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIBLING, DONALD M  
 14130 ROSEMARY LANE #6214  
 LARGO FL 33774

81 Name Donald M. Weibling  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1509 Jerstad Way  
 83 Kissimmee,  
 84 City Kissimmee FL 85 Zip Code 34746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRISON, DONALD A	
STREET ADDRESS	901 OXFORD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIBLING, JAMES M	
STREET ADDRESS	220 REMUDA DRIVE	
CITY-ST-ZIP	CLOVIS NE	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIBLING, DENNIS	
STREET ADDRESS	11415 176 PL. NE	
CITY-ST-ZIP	REDMOND WA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEIBLING, JANET M	
STREET ADDRESS	901 OXFORD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIBLING, DONALD M	
STREET ADDRESS	#6214 14130 ROSEMARY LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIBLING, GENE L	
STREET ADDRESS	#6214, 14130 ROSEMARYLANE	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1509 Jerstad Way
5.4 CITY-ST-ZIP	Kissimmee, Fl. 34746
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1509 Jerstad Way
6.4 CITY-ST-ZIP	Kissimmee, Fl. 34746

14. I 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, with all other like empowered.

SIGNATURE: *Gene L. Weibling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (407)932-1943  
 Date Daytime Phone #

CR2E034 (1/198)