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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058509 (9)

MWP BROKER AND CONSULTING SERVICE, INC.

Principal Plac	e of Busines	SS	Ma	Mailing Address				I TORNINGO HAD TOTAL TITLE SALLE MANY BOTTLE RAIGH BLIGH BLIGH BOTTLE TORY TORY
1586 ROYAL FERN ALNE SUITE 104 PRANGE PARK FL 32073			SI. Of	1566 ROYAL FERN ALNE SUITE 104 ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE
US				us				3. Date Incorporated or Qualified 08/16/1993
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21			26	26				59-3228151 Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country				Zip Country			,	8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. 🗹 Yes 🔲 No		
Name and Address of Current				· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Registered Agent
	ANT, WILL					61	Name	
859 PARK AVE. Suite 104							Street Ad	ddress (P.O. Box Number is Not Acceptable)
ORANGE PARK FL 32073						83		
						84		FL 85 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 Signature, typed or profiled name of registered agent and trile if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	Signature, typed	TORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	OFFICERO	IND DIVICO	DELETE	1.1 7		—Т	Change Addition
NAME		S, MEHRL W			1,2 N	AME		_ • •
STREET ADDRESS		DYAL FERN LANE			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		E PARK FL			1.4 0	ITY-S	ST-ZIP	
TITLE	0			DELETE	2.1 T			Change Addition
NAME	Æ PHEBUS, CHARLOTTE E				2.2 NAM			
STREET ADDRESS		DYAL FERN LANE			235	TAEET	ADDRESS	
CITY-ST-ZIP	ST-ZIP ORANGE PARK FL 32073				2.40		ST-ZIP	
TITLE				DELET E	DELETE 3.1 T			Change Addition
NAME					3.2 N	AME		
STREET ADDRESS					3.3 S	TREET	ADDRESS	
CITY-ST-ZIP					3.4. (OTY-S	ST-ZIP	
TITLE				L DELETÉ	_		1	Change Addition
NAME					4.21	IAME	İ	
STREET ADDRESS)				4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP							T-ZIP	
TITLE				☐ DELETE	5.1 T		1	Change Addition
NAME					5.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				DELETE	5.4 CITY: DELETE 6.1 TITLE			Change Addition
TITLE	\ \			- Ottele			1	C. Grange C. Addition
NAME OTREET ADDRESS	1				6.2 N		I DDDGGG	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	certify that th	e information supplied	with this fil	ing does not qualif	v for the ev	emn	T-ZIP tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicatéd	on this annu	ial report or suppleme	ntal annual	report is true and a	accurate an	d tha	at my signa	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statules; and that my name appears in