## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN		00015106 (5)			
1. Corporation	Name	00010100 (0)	l		
LLCW.	INC.				
Principal Place	of Business	Mailing Address		I 38001008 FEO \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 00111 00101 113E1 21131 11011 0311E 011 130E
2033 MAIN S	т.	2033 MAIN ST.			
SUITE 101 SARASOTA FL 34237		SUITE 101 SARASOTA FL 34237			
US	L 01201	US		3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report
2. Principal Pla	ne of Business	2a. Mailing Address		4. FEI Number	05/01/1995 Applied For
21	00 01 20011000	26		65-0470203	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Crty & State		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
23		28		Trust Fund Contribution	Adoed to Fees
Zip <b>24</b>	Country 25	Z <sub>i</sub> p	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032, □ No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
	ER, J. GEOFFREY		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
2033 MAIN ST. Suite 101			83		
SARASOTA FL 34237			84 City		<b>85</b> Zip Code
					FL
or registere	ed agent, or both, in the State of F	lorida. Such change was authorized	s, the above-named corpor d by the corporation's boar	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiär with	n, and accept the obligations of, S	ection 607.0505, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E: Registered Agent signature required	d when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC ORS IN 12
TITLE	D OLIABIOTE EFER	☐ DELETE	1. 1 TITLE	. •	Change 🔲 Addition
NAME 070001 ADDDS00	CHARLOTTE, FELIX 719 N. MANASOTA		1.2 NAME 1.3 STREET ADDRESS 4	428 FERN DRIVE	
STREET ADDRESS CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	428 FERN DRIVE RADENTON, FL	34208
TITLE	LITOLLITOODIL	☐ DELETE	2. 1 TITLE		Change  Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		FT DOLLAR	2.4 CITY - ST - ZIP		Chana Ca Addition
TITLE		☐ DELETE	3. 1 TITLE		. Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4 4 CITY-ST-ZIP 5 1 TITLE		Change Addition
TITLE NAME		Dotter	5.2 NAME		Changs C Machen
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6. 1 717LE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	y certify that the information suppli	ad with this filing is voluntarily furnis	6.4 CiTY - ST - ZiP shed and does not qualify f	for the exemption stated in Section 118	0.07(3)(k). Florida Statutes I further
certify that oath; that	the information indicated on this a lam an officer of director of the co	annual apport or supplemental annu orporation or the receiver or trustee	al report is true and accura empowered to execute thi	or the exemption stated in Section 1 is site and that my signature shall have the is report as required by Chapter 607, F	e same legal effect as if made under lorida Statutes; and that my name
appears in	Block 12 or Block 13 if changed	or on an attagnment with an addre	ISS.		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OFFICE 941

CR2E034 (12/95)