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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000016324 (3)

M & W CONCEPTS, INC.

Principal Place of Business Mailing Address

2800 S.W. 81ST WAY
FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328



3. Date Incorporated or Qualified 3a. Date of Last Report

					02/25/1994	08/1	08/18/1995		
2. Principal Plac	be of Business	2a. Mailing Address			4. FEI Number		Ar	plied For	
1		26			65-0470358		No	ot Applicable	
Suite, Apt. #,	ne, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
3		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Counti	y	8. This corporation has liability for	intangible tax ur	nders 1	99.032,	
4	25	29	30			₃ □ No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	legistered Age	nt		
			8	1 Name					
HUBER, WALTER J					82 Street Address (P.O. Box Number is Not Acceptable)				
2800 S.W. 81ST WAY				olicos Addition (
	DERDALE FL 33328		8	3					
			8	4 00		Т	35 Zip	Code	
			8	4 City		FL °	210	Cooe	
familiar with	on agent, or both, in the state of his n, and accept the obligations of, So Signature, typed or printed name of registered ag	ection 607.0505, Honda Statut	es.		pard of directors. Thereby accept the application of directors.	DATE			
		ND DIRECTORS	13.	y.m agnative roop	ADDITIONS/CHANGES TO OF		RECTOF	RS IN 12	
12.	Þ	DELETE	1. 1 TITL	E .			Change	Addition	
NAME	HUBER, MARY S		12 NAM	ļ					
STREET ADDRESS	2800 SW 81ST WAY			ET ADDRESS					
***************************************	FT LAUDERDALE FL			-ST-ZIP					
CITY-ST-ZIP TITLE	TT DIODETONEETE	LJ DELETE	2. 1 T(TL				Change	Addition	
NAME		<u> </u>	2.2 NAM	IE .					
STREET ADDRESS			2.3 STR	EFT ADDRESS					
CITY-ST-ZIP			2.4 CiTy	-\$1-Z/P					
TITLE		DELETE	3 1 TITU				Change	Addition	
NAME			3.2 NAM	1É					
STREET ADDRESS			33 STR	EET ADDRESS					
CITY-ST-ZIP			3 4 C(T)	r-ST-ZIP					
TITLE		DELETE	4.1 111	LÉ			Change	Addition	
NAME			4.2 NAV	#E					
STREET ADDRESS			4.3 STR	EFT ADDRESS					
CITY-ST-ZIP			4.4 CITY	r-ST-ZIP					
TITLE		☐ DELFTE	5 1 TITI	LE T			Change	Addition	
NAME			5.2 NAN	AE					
STREET ADDRESS			5.3 STR	EF1 ADORESS					
CITY - ST - ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		DELETE	6 1 TrT	LE T			Change	Addition	
NAME			6.2 NAM	ME .					
STREET ADDRESS			6.3 STA	EET ADDRESS					
CITY-ST-ZIP				Y-S1-ZIP					
44 Lda barab	a partify that the information supplies	ad with this filing is valuntarily t	umished and d	loes not qual	fy for the exemption stated in Section 11	9.07(3)(k). Florid	a Statut	es. I further	

4. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4.26-96 X 954-476-8572