## 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

P94000035575 (7)

**DOCUMENT #** 

MW SERVICES, INC.

Principal Place of Business

Mailing Address



2798 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066			2798 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066					
					3. Date incorporated or Qualified 05/11/1994	3a. Date of Last Rep 01/10/19		
2. Principal Place of Business		2a. Ma'ling Addres 26	2a. Ma'ling Address 26		4. FEI Number 65-0492603		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, (	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added t		
Zip <b>24</b>	Country <b>25</b>	Ζρ <b>29</b>	30 Coun	try	8. This corporation has liability for in Florida Statutes Yes		99.032,	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered Agent		
WACNE	TD 4440014			Name				
2798 C	ER, MARCIA :ARAMBOLA CIR S NUT CREEK FL 33066		82 Street Ac		dress (P.O. Box Number is Not Acceptabl	(e)		
COCOR	101 CHEEK FL 33000		'					
			[4	14 City		FI 85 Zip 0	Code	
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the abov	- L e-named corpo	pration submits this statement for the purp		istered office	
or ragistores	d agent, or both, in the State of FI i, and accept the obligations of, Si	ючий фистопалистуар а	umanzeu by die co	rporation's boa	ard of directors. I hereby accept the appo	pintment as registered a	gent. I am	
SIGNATURE	· · · · ·							
S	ignature, typied or printed name of registered as		(NOTE: Registered A	pent signature requir		DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
THTLE	WAGNER, MARCIA	DELET				Change	Addition	
A744 A4544 BA1 4 ABA1 E AA1 E .			1.2 NAME					
STOCK! Annouse		IE SOUTH		`				
ļ	2798 CARAMBOLA CIRC		13 SfR	EFF ADDRESS				
CITY-ST-ZIP		3066	13 STR	FF ADDRESS -ST-ZIP		Change	Addition	
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receiling that the information supplied with this lining is voluntially furnished and does not quality 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 or an attachment with an address.

ALLIA TRAGELLA DE SIGNING DE FICE TO OF DIRECTOR

2-26-96 (305) 972-2204