SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026800 (9)

CWA, INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						-{	1	#1181 19111 8 81	II 88 II 1881	
6847-A N. 9TH AVENUE 6847-A N. 9TH AVENUE										
PENSACOLA FI	. 32504-7349	PENSACOLA FL 32504-73	'ENSACULA FL 32504-7349			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 04/04/1995		te of Last Fi 12/1996	leport	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26			59-3314150	Not Applicable				
Sulte, Apt. •	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Required			
City & State)	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								
	9, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered #	gent		
	SE, JAMES L			וים	Name					
	E. GOVERNMENT STREET SACOLA FL 32501			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	0,10001110001			83						
				84	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the at	I	e-named corpo	oration submits this statement for the p	urpose of	changing i	its registered	
office or to	egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change was	authorized	d by	the corporation	on's board of directors. I hereby accep	t the appo	ointment as	registered	
SIGNATURE Storature typed or printed pane of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE										
Signature: typed or printed name of registered agent and title if applicable (NOTE: Re 12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	P DELETE			ΙĘ		1,00,11,010,010,110,00	2,10,1,10	Change	Addition	
NAME	ALLEN, CHARLES W. JR.	_	1.2 NA	.2 NAME]	
STREET ADDRESS	1575 PARKSHORE E 62ND S	ST. #1F	1.3 STB		ADDRESS					
CITY-ST-ZIP	CHICAGO IL		1.4 €		T-ZIP					
TITLE	VP	☐ DELETE	DELETE 2.1 TI 22 N			Chang		Change	noitibtA 🔲	
NAME	CONROY, WILLIAM R.									
STREET ADDRESS	5002 SAUFLEY FIELD RD	2:		23 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		2 4 CII		ST-ZIP			1444		
TITLE		☐ DELETE	☐ DELETÉ 3.1 T					Change	Addition	
NAME				3.2 NAME					-	
STREET ADDRESS				3.3 STREET ADDRESS (3.4. City-St-Zip						
CITY-ST-ZIP TITLE	3.4. DELETE 4.11			51-211			Change	Addition		
NAME :			4.2 N							
STREET ADDRESS					ADDRESS				-	
CITY-ST-ZIP					iT-ZIP					
TITLE		DELETE	5.1 TI					☐ Change	Addition	
NAME			5.2 N	ME						
STREET ADDRESS			5.3 S1	REET	ADORESS					
CITY-ST-ZIP			5.4 0	TY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 Ti					☐ Change	☐ Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 ST	REET	ADDRESS			•	}	
CITY-ST-ZIP		Carlon Alla Ella	6.4 0	TY-S	ST-ZIP	in Section 119.07(3)(i), Florida Statute	n I freth	nordif at =	t the	
14. I do heret	ov certity that the information swoot	ieu with this nima acas not au a	entry for the	CW	ampion stated	THE GOLDON THE LOVE (3)(1), FRONCE STAILUTE	a. 1 iurinei	conny ma	1.010	

Information indicated on this annual report or supplemental annual report is true and incourate 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 of the receiver invisite 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 in on an attendment with an address.