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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041066 (8)

FILED Jan 20 1998 8:00am Secretary of State

	EW, INC.	Mailing Address			
5718 N. UNIV		5718 N. UNIVERSITY DR.			
TAMARAC FL 33334 TAMARAC FL 33334					
U\$ U\$			DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualified	
2 Principal P	Place of Business	2s. Mailing Address		05/24/1995 4. FEI Number	Applied Fo
21 // 0		26		65-0589048	Not Applied
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additions
22 2191		127		5. Certificate of Status Desired	Fee Required
City & Stat	O DIVICE TIME	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CH	(1 hey Fromya	28	,	Trust Fund Contribution	Added to Fees
Zip 24 32-47	Country	Zip	Country	8. This corporation owes or has pa	
24 37-41	9. Name and Address of Current	Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
A.Bill	LLER, CYNTHIA C	uedisteren videur	81 Name	10. Name and Address of New Ad	Mistered Whelit
	SE 6 ST				
	LAUDERDALE FL 33301		82 Street Add	ress (P.O. Box Number is Not Acceptain	ble)
,,	ENOPERIOREE I E 30301		83		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statul I Florida. Such change was a ons of, Section 607.0505, Fk	es, the above-named corp authorized by the corpora orida Statules.	poration submits this statement for the patients to be submits the state of directors. I hereby acce	ourpose of changing its registe pt the appointment as registere
SIGNATORE	Signature, typed or printed name of registered agen:	and title if applicable (NOT	E: Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	VP	DELETE	1.1 TITLE		Change Add
NAME	SHIRLEY B. CULBRETH 4003 N. ANDREWS AVE.		1.2 NAME		
STREET ADDRESS	OAKLAND PARK FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OANLAND FARK FL	DELETE	1.4 CITY-SI - ZIP 2.1 TITLE		Change Add
NAME		pecele	2.1 MCE 2.2 NAME		CT cylange CT yau
STREET ADDRESS					
CITY-ST-ZIP			2 3 STREET ADDRESS 2. 4 City - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Add
NAME		- '	J .		 •
STREET ADDRESS			3.2 NAME		
			3.2 NAME 3.3 STREET ADDRESS		
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		☐ DELE te			☐ Change ☐ Add
CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4 City-St-Zip		☐ Change ☐ Add
CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Add
CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add
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Thereby carlify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 empowers to execute the report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changes, goon an attachment with address.

SHIRIEY BCUISRE

9 24 1998