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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000067968 (4)

CMW ENTERPRISES, INC.

Principal Place of Business Mailing Arldr			Control of the section of the sectio			
22481 SWORDFISH DRIVE 22461 SWORDFISH DRIVE BOCA RATON FL 33428 BOCA RATO						
_				<ol> <li>Date Incorporated or Qualified 08/31/1995</li> </ol>	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
1		26		65-060662		
Suite, Apt. #, etc.		Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional	
2		27			Fee Hequired	
City & State		Oity & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<u> </u>	T Co	7	Country	8. This corporation has liability for		
Zip ]	Country 25	Ζη) <b>29</b>	30		□ No	
	9. Name and Address of Co			10. Name and Address of New R	legistered Agent	
			81 Name	***		
- WALLAC	E, CRAIG M		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
· 22461 SWORDFISH DRIVE			Girdot 7 ison	On decision of the second of t		
BOCA RATON FL 33428			83			
,			84 City		85 Zip Code	
•					FL     '	
. Pursuant to	o the provisions of Sections 607	0502 and 607.1506, Florida Stati	utes, the above named corpor	ration submits this statement for the pu	rpose of changing its registered offi piotograph as moistered agent. Lam	
or registere familiar with	ed agent, or both <b>/1</b> , the State of h. and accept <b>the</b> obligations of,	' Fiorida: Such change was author - Section 607,0505, FloridayStatyt	rzes by the corporation's boar	rd of directors. Thereby accept the app	of a - /a	
ONIATION	/ / / / /	c M ha	llace		413019	
IGNATORIC	Signature, typen criomater have of registers	1 and an extension and a second	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
<u>2.                                    </u>	C OFFICERS	S AND DIRECTORS	1 1 1111		Change Addition	
TLF	PRESIDENT		1.2 NAME			
AME	CRAIG M WAI	ach ar.	13 STREET ADDRESS			
TREET ADDRESS	22461 50000	72115	1.4 CITY ST-ZIP			
ITY - ST - ZIF	BOCA PATON	, FL. 33428	2 1 THEF		Change Additio	
ITLE		<u></u>	2.2 NAME			
AMÉ			2.3 STREET ADDRESS			
TREET ADDRESS			2 4 CITY - S1 - ZIP		E Addison	
ITY-ST-ZIP ITLE		DELETE	3 1 TITLE		Change Additio	
AME .		- · ·	3.2 NAME T			
STREET ADDRESS			3.3 STHEFT ADDRESS			
CITY-ST-ZIP			3.4 C1TY - ST - 71P		Change Addition	
ITLE.		□ DELETE	a 1 TifLE		C Stange C Factor	
NAME			4.2 NAME			
STREET ADORESS			4.3 STHEET ADDRESS			
CHTY-ST-ZIP			44 CITY - ST 76°		Addition	
TITLE		☐ DELETE	5 1 MLE	8000018 -06/03/9601	U34~~UU3 ♣ (つ≎つ, _	
NAME			5.2 NAME	-06/03/3601 ***200.00	060 000	
STREET ADDRESS			5 3 STHELT ADDRESS	赤木木としい。しい		
CITY-ST-ZIP		DELETE	6 1 TILE		Change Addition	
THLE			6.2 NAME		C-19	
NAME			63 STHEFT ADDRESS		5751	
STREET ADDRESS			0.4 Public St. 3:6		all the	
CITY-ST-ZIP	It as #16 - Heat two infoquation 5-1	moted with this films is voluntarily		y for the exemption stated in Section 11 irate and that my signature shall have the	9.07(3)(k), Florida Statutes. I furthe	
14. I do here certify that	at the information indicated on the	ils annual report or supplemental	annual report is true and accurate one employeed to ever ute	y for the exemption stated in Section in trate and that my signature shall have the this report as required by Chapter 607,	Florida Statutes, and that my name	
		e comporation or the receiver or the led, or on an attachment with an a				
appears	III DIOCK 12 OF DIOCK 197 CHAIN	· DAA 1	1 111	ulicla	407-487-419	
CICNA'	TUDE: /", 1 A	ver IVV 11	Sollare-	411819.00	70/701 41	