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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067968 (4)

1. Corporation Name

CMW ENTERPRISES, INC.

Principal Place of Business

~~22461 SWORDFISH DRIVE
BOCA RATON FL 33428~~

Mailing Address

~~22461 SWORDFISH DRIVE
BOCA RATON FL 33428~~



2. Principal Place of Business

21 10300 LEXINGTON ESTATES BLVD.
Suite, Apt. #, etc.

2a. Mailing Address

26 10300 LEXINGTON ESTATES BLVD.
Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FL.

24 33428

25 USA

27 City & State

28 BOCA RATON, FL

29 33428

30 USA

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0606620

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALLACE, CRAIG M
22461 SWORDFISH DRIVE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

WALLACE, CRAIG M

82 Street Address (P.O. Box Number is Not Acceptable)

10300 LEXINGTON ESTATES BLVD.

83

84 City

BOCA RATON

85

Zip Code

FL FL 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Craig M Wallace

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALLACE, CRAIG M
STREET ADDRESS 22461 SWORDFISH DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME WALLACE, CRAIG M
1.3 STREET ADDRESS 10300 LEXINGTON ESTATES BLVD.
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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 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:

Craig M Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

561-487-4199

Daytime Phone

CR2E034 (9/96)