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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068246

1. Corporation Name

THE DWR CROHD INC

Principal Place of Business	Mailing Address
2891 SOUTHWEST 141ST TERRACE DAVIE FL 33330	2891 SOUTHWEST 141ST TERRAI

FILED Feb 18, 1999 8:00am **Secretary of State**

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891 SOUTHWEST 141ST TERRACE 2891 SOUTHWEST 141ST TERRACE DAVIE FL 33330		TERRACE	•			DO NOT WRI	TE IN THIS	SPACE		
						3.	Date Incorporated or Qualifed			
Princinal F	Place of Business	2a. Mailing Address				4-	08/31/1995 -FEI Number			
	THE STATE OF THE S	26				1	65-0610352		<u> </u>	Applied For-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			···· · · · · · · · · · · · · · · · · ·	+	00.00.10002			Additional
2		27				5.	Certifcate of Status Desired		·	Required
City & Sta	te	City & State				6.	Election Campaign Financing		\$5.00	May Be
<u> </u>	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution		Added	to Fees
Zip ⊓	Country	Zip		ıntry		8.	This corporation owes the curr	ent year Int		
<u>I</u>	[25]	29	30	1		_l	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent		04		10.	Name and Address of New F	Registered	Agent	
RICI	KI, CINDERELLA O			81	Name					
	1 SOUTHWEST 141ST TERRACE			82 5	Street Addre	ess (P	O. Box Number is Not Accepta	ible)		
	TE FL 33330			<u></u>						
DAT	IL 1 L 30000			83						
				84 C	City				85 Zip	Code
					·			<u> </u>	. `	
 Pursuant office or i 	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut	es, the a	bove-na	amed corpo	oration	n submits this statement for the	purpose of	changing it	s registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	utes.	Corporation	113 00	and or directors. History accep	or marappor	HUHOH ICAOT	ogistered
SIGNATURE							;			
_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Annat sia			ninetating)			
2.				Agent sig	mature required		<u></u>	DATE		
	OFFICERS AND		13.		mature required		ADDITIONS/CHANGES TO OFF			
TLE	DP	DIRECTORS	13.	īLE	gnature required		<u></u>		ID DIRECT	
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14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-370-4888