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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

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754 1760

Daytime Phone #

813

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027875 (9)

CW-21 MAINTENANCE, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 3748 712 EAST ALSOBROOK STREET, SUITE 3 PLANT CITY FL 33566 **PLANT CITY FL 33564-3748** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59 3370525 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, X Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal nel typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PD DELETE Change Addition 1 1 TITLE TITLE HOOD, JOY S 1.2 NAME NAME 712 EAST ALSOBROOK STREET, SUITE 3 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33586 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE MARIONNEAUX, RHONDA D 2.2 NAME NAME 712 EAST ALSOBROOK STREET, SUITE 3 STREET ADDRESS 2.3 STREET ADDRESS PLANT CITY FL 33566 2 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP DITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - S1 - ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIE 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

1.13.97

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.

JOY S. HOOD