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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000027875

1. Corporation Name

CW-21 MAINTENANCE, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90190 043 ***150.00



Principal Place	e of Business	Mailing	Address					- 1,21, 1542, 1541	_
712 EAST ALSOBROOK STREET. SUITE 3 POST OFFICE BOX 3748						•			
PLANT CITY FL 33566 PLANT CITY FL 33564							DO NOT WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed		<u> </u>
ļ							03/29/1996		
2 Principal P	lace of Business	2a Mai	ling Address	_			4. FEI Number	A	oplied For
21		26					59-3370525	No	ot Applicable
Suite, Apt.	#, etc.		e, Apt. #- etc	-		-		\$8.75	Additional
22		27					5. Certifcate of Status Desired	Fee Re	equired
City & Stat	e		& State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Adde <u>d</u>	to Fees
Zip	Country	Zip		Country	у		8. This corporation owes the current year In		
24	25	29	30	<u> </u>			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered	d Agent				10. Name and Address of New Registered	Agent	
	DE AMOVED CHARTERED			81	l Na	ne			}
	RILAWYER CHARTERED			82	2 Str	et Addre	ess (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE				<u> </u>			<u> </u>	
COR	IAL GABLES FL 33134			83	3				
į.			•	84	\$ Cit			85 Zip	Code
}	***	· <u>·</u>	· • • <u> </u>		1	٠.	· Fl	┕ \:	·
11. Pursuant	to the provisions of Sections 607.0502	and 607.15	08, Florida Statutes,	the abov	ve-nan	ned corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its pintment as re	registered egistered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Sect	tion 607.0505, Florida	a Statute:	y ն 10 Ն Տ.	orporation	ins board of directors. This coy accept the app.		3.0.0
SIGNATURE							_	_	
- CICATORE	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE: Re	cistered Age	ent sinns	ura required	when reinstating) DATE		
					on K alignia				
12.	OFFICERS AND	DIRECTO	RS	13.		<u>-</u> -	ADDITIONS/CHANGES TO OFFICERS A		
12.	PD	DIRECTO		13. 1.1 TITLE				ND DIRECTO	DRS IN 12 ☐ Addition
	PD HOOD, JOY S		RS DELETE	13. 1.1 TITLE 1.2 NAME	•				
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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 attachment with an address, with all other like empowered.

SIGNATURE: