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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030968 (7)

CBW CORPORATION

FILED Jan 16 1997 8:00am Secretary of State



Principal Place of Business 10018 SPANISH ISLES BOULEVARD. UNIT A52 BOCA RATON FL 33498		Mailing Address				F CERTIFE! THE TORIN COUNT TOUR COUNTY CRISC CONTRACTOR COUNT COUNT COUNT COUNT COUNTY				
		10018 SPANISH ISLES BOULEVARD SUITE AS2 BOCA RATON FL 33498-6324								
						3. Date Incorporated or Q 04/09/1996	lualified	3a. Dat	e of Last R	eport
Principal Place of Business 1		2a. Mailing Address 26				4. FEI Number 65 9:	384	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status De	alvad	П	\$8.75	Additional
22		27				b. Certificate of Status De	Sileu	- L	Fee Re	equired
City & State		City & State				8. Election Campaign Fina			\$5.00	
23 Zip			Country			Trust Fund Contribution			Added	
24	25)	29	30	лигу		8. This corporation has lia Florida Statutes			ax under s No	. 199.032,
	9. Name and Address of Currer		30	Τ_		10. Name and Address of				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AME	RILAWYER CHARTERED			81	Name ///					
343 ALMERIA AVENUE				82	Ctroot Address	TOR LEARD	Acceptab	lo\		
	VAL GABNES FL 33134			52	2600	ss (P.O. Box Number is Not)	Th.	Sume	: 232	>
	,		•	83						
`	•			84	City Box	A RANVI		<u> </u>	85 Zip	Code
11 Durationt to	o the provisions of Sections 697 050	2 and CO7 1508 Florida Stat	tutor the c	bow	named cores	ration submits this statemen	for the n	FL	نہ کھا ا	b regulared
office or re	o the provisions of Sections 607.050 ogistered agent or both, in the State of familiar with and account he oblig	of Florida, Such change wa	is authorize	d by	the corporation	on's board of directors. I here	by accep	the appo	sintment as	registered
	ri familiar with and account the oblig		Fiorida Sta M	itutes	S.		1/	ッタウ)	
SIGNATURE .	Signature, typed or ported name of registered age			d Age	ent signature required	1 when reinstating)		DATE		
12.	OFFICERS AN	······································	13.			ADDITIONS/CHANGES	OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	PSTD	☐ DELETE	1.1 7	ITLE		, , , , , , , , , , , , , , , , , , , 			Change	Addition
NAME	CHADWICK, WILLIAM		1.2 N	IAME						
STREET ADDRESS	10018 SPANISH ISLES BOUL	evard, unit A52	1.3 9	TREET	ADDRESS					
CHY-ST-ZIP	BOCA RATON FL 33498		1.4 0	ITY-S	T-ZIP					
THLE		DELETE	2.1 T	ITLE				ļ	Change	Addition
NAME			2.21	IAME						
STREET ADDRESS			2.3 9	TREET	ADDRESS					
CITY - ST - ZIP		The second		2 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.17					ļ	Change	Addition
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		DELETE			ST-ZIP				Change	Addition
FITLE		L DELETE	411						Creatige	[_] ADDIIION
NAME			1	NAME	AODOFOE					
STREET ADDRESS					ADDRESS					
CHY-SI-7IP TITLE		☐ DELETE	517	HTY-S	1-212				Change	Addition
NAME		betere	4	IAME				'	Orango	Addition
STREET ADDRESS					ADDRESS					ļ
CITY-ST-ZIP				OTY - S						
TITLE	Y * FP * TV* a 1 to 1 date	DELETE	6.1 7		., +11				Change	Addition
NAME				IAME				•	•,	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						II.
	ny certify that the information supplie	d with this filing does not ou				in Section 119 07(3)(i) Florin	la Statule	s I further	certify that	the

I. 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

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

BILL CHAPOVICE

1.9.91 \(\int \) Date Daytime

/56/-883-2009 Daytime Phone #