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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034950 (1)

RW SYSTEMS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i iddificht eine mite mite mitt maint datit datit datit	in mibrib ribilli arrik bais 1681
6065 BARRANCO AVENUE 6065 BARRANCO AVE					Ì	
PORT ST. JOHN FL 32927		PORT ST. JOHN FL 32927		DO NOT WRITE IN THIS SPACE		
İ					3. Date Incorporated or Qualified	7
}					04/19/1996	1
2. Principal P	lace of Business	2a, Mailing Address	·		4, FEI Number	Applied For
21		26		59-3382811	/ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8,75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζιρ	Country	Zip Country			8. This corporation owes or has paid the curr	rent year Intangible
24	25	29 3	ю]			Yes No
	Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered	Agent
WROBLE, KATHLEEN				Name		
6065 BARRANCO AVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
co	COA N FL 32927			0		
1		83				
			84	City		85 Zip Code
			07	City	FL	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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE 4122198						
SIGNATORE ,	Signature typed or printed status of registered ages	It and the if applicable (NOTE:	Angistered Age	per erutangia tre	quired when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	***************************************		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		(1
CITY-ST-ZIP	PORT ST. JOHN FL 32927		1.4 CITY-S	T-ZIP		
TITLE	SDO	☐ DELETE	2.1 TITLE]		Change Addition
NAME	WROBLE, RONALD G		2.2 NAME			
STREET ADDRESS	6065 BARRANCO AVENUE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PORT ST. JOHN FL		2 4 CITY - 5	ST-ZIP	Çe:	
TITLE		DELETE 3.1				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		ļ
CITY-ST-ZIP			3 4. CITY - 5	ST-ZIP		
TITLE		DELETE 4.1 F				☐ Change ☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-21P		İ
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		\
TITLE			6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		ĺ
CITY-ST-ZIP			64 CITY-S			
	ertify that the information supplied wi	th this filing does not qualify for			in Section 119.07(3)(i), Florida Statutes, I further cer	rtify that the information

indicated on this annual report or supplied which has many social property to the exemption stated in 3 section 198.07(3)(f), fibrida diations. I furtier builty that the information indicated on this annual report or supplied which 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

407-124-47160