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 # P9600041531 (0)

DIM-WAT	TERWAYS, INC.				 			
Principal Place of Business Malling Address 1650 S.E. 17TH STREET 1650 S.E. 17TH STREET SUITE 310 FT. LAUDERADALE FL 33316 FT. LAUDERADALE FL 3			R16-1735					
					3. Date Incorporated or Qualifie 05/14/1996	d 3a. Date	of Last Re	∌port
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	^ = -) 	plied For	
21]		26			62-06753			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State)	City & State		·····	6. Election Campaign Financing		\$5.00	·
23		28		Trust Fund Contribution		Added to		
Zip	Country			***************************************	8. This corporation has liability f	or intangible ta		
24	25	29	30		Florida Statutes	Yes 🗆	No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Ag	ent	
	E, JAN W		B1 N	lame				
1650 S.E. 17TH STREET			82 5	Street Addres	ss (P.O. Box Number is Not Accep	table)		
	E 310					_ 		
FT, L	LAUDERDALE FL 33316		83					
				City		- FL	85 Zip (
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Statu le of Florida. Such change was gations of, Section 607.0505, F	ites, the above-nauthorized by the lorida Statutes.	amed corpo e corporatio	ration submits this statement for the on's board of directors. I hereby ac	e purpose of cl cept the appoir	nanging Iti Itment as	s registered registered
SIGNATURE:								
	Signature, typed or printed name of registered a		TE: Registered Agent s	ignature required		DATE	DECTOR	0.114.40
12. TITLE	D OFFICERS AI	ND DIRECTORS DELETE	13.	- P	ADDITIONS/CHANGES TO OF		Change	Addition
NAME	DANE, JAN W		1.2 NAME	•		<u></u>	J Onungo	L. radillon
STREET ADDRESS	AGEO OF ASTRUCT CUITE DAD		1.3 STREET ADDRESS					!
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 City-St-Z	·			/	
TITLE	D	DELETE	2.1 TITLE	V	7 5	7	Change	Addition
NAME	ROSS, BARRY		2.2 NAME	' '	7 ~	•		
STREET ADDRESS	10021 PINES BLVD. SUITE 1	01	2 3 STREET ADI	DAESS	•			
CITY-ST-ZiP	PEMBROKE PINES FL 33024		2 4 CITY-ST-7	ZIP				,
TITLE		DELETE	3.1 TITLE	Vf	2/R5		Change	Addition
NAME			3.2 NAMĘ	A.	Z. BELT III.		سە. ھ	
STREET ADDRESS			3.3 STREET ADI	DRESS	50 S.E. 1714	stre et	<i>ر ۱۳۰</i> ۲	310
CITY+ST-ZIP			3.4. CtTY-\$1-2	ZIP F	SO S.E. 177H ;	LE, FL	<u> 222</u>	16.
TITLE		DELETE	4.1 TITLE	1	• •		Change	Addition
NAME			4. 2 NAME]				
STREET ADDRESS			4.3 STREET ADI					
CITY-S1-ZIP		Driett	4.4 CITY-ST-Z	IP			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE	1		L.	Change	L. AUGILION
NAME CLOSET ADDOCES			52 NAME	Doces				
STREET ADDRESS			53 STREET ADI		•			
CITY-ST-ZIF TITLE		DELETE	5.4 CITY - ST - Z 6.1 TITLE	4F			Change	Addition
NAMÉ		band County	6.2 NAME			_		
STREET ADDRESS			6.3 STREET AD	DRESS				
CITY-ST-ZIP			6.4 CITY-S1-Z					
14. Ldo heret	by certify that the information suppl	ied with this filing does not qua	lify for the exemp	otion stated	in Section 119.07(3)(i), Florida Stat	utes. I further c	ertify that	the
informatio I am an ol appears i	ri indicated on this annual report of fficer or director of the corporator in Block 12 or Block 13 if changed,	r supplemental annual report is or the receiver or trustee amno or on an attachment with an ac	true and accura wered to execute idress.	te and that report	my signature shall have the same li as required by Chapter 607, Florid	agal effect as if la Statutes; and >54 _	made und that my n	Jer oath; that Jame

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 523-2076 Date Poole P

FILED

Jan 31 1997 8:00am

Secretary of State

Phone #

CR2E034 (9/96)