

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048376 (3)**

1. Corporation Name
P&W ADVISORS, INC.



Principal Place of Business 888 E. LAS OLAS BLVD. SUITE 150 FT. LAUDERDALE FL 33301	Mailing Address 888 E. LAS OLAS BLVD. SUITE 150 FT. LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 WEST CAMINO REAL Suite, Apt. #, etc. 22 SUITE 205 City & State 23 BOCA RATON, FL Zip 24 33432		2a. Mailing Address 26 1 WEST CAMINO REAL Suite, Apt. #, etc. 27 SUITE 205 City & State 28 BOCA RATON, FL Zip 29 33432		3. Date Incorporated or Qualified 06/06/1996		3a. Date of Last Report	
				4. FEI Number 65-0673027		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

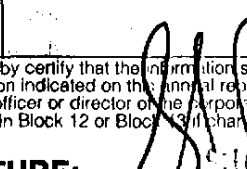
9. Name and Address of Current Registered Agent POMERANZ, STEVEN L 888 E. LAS OLAS BLVD. SUITE 150 FT. LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name POMERANZ, STEVEN L 82 Street Address (P.O. Box Number if Not Acceptable) 1 WEST CAMINO REAL 83 SUITE 205 84 City BOCA RATON FL 85 Zip Code 33432			
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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 607.3505, Florida Statutes.

SIGNATURE  **STEVEN L. POMERANZ, PRESIDENT** DATE **8/4/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	STEVEN L. POMERANZ		
STREET ADDRESS				1.3 STREET ADDRESS	6524 Contempo LN		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE  DATE **8/4/97** (Sgt) 3162-2551

CR2E034 (4/97)