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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
D:VISION OF CORPORATIONS

## DOCUMENT # P96000051549 (9)

P.D.W., INC.

Principal Place of Business Mailing Address

FILED Mar 18 1997 8:00am Secretary of State



14802 N. FLORIDA AVE., M-197 TAMPA FL 33613			14802 N. FLORIDA AVE., M-197 TAMPA FL 33613-1874							
							3. Date Incorporated or Qualified 06/14/1996	3a, Dal	e of Last	Report
2. Principal Place of Business			h-m -	2a. Mailing Address			4. FEI Number			Applied For
21			26				59-3386485		<del></del>	Not Applicable
Suite, Apt. #, etc.			<u> </u>	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required
City & State 23			City & Stat	City & State		***************************************	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p) <b>24</b>		Country 25	Zip <b>29</b>		Country 30	/ 		☐ Yes 🎉	No No	s. 199.032, Assets
	9, Name	and Address of Cu	rrent Registered Agen	ıt			10. Name and Address of New R	egistered A	gent	
	lbert, Pau				81	Name				
	802 n. flör MPA fl 3361	1DA AVE., M-197 13				Idress (P.O. Box Number is Not Accepta	ible)			
					. 83					
					84	City		FL	85 Zij	Code
11 Pursuar	at to the ranges	ions of Sections 607	0502 and 607 1508 Fiz	orida Statut	es the abou	e-named co	orporation submits this statement for the ration's board of directors. I hereby according		changing	its registered
SIGNATURE		For partied Lame of registere								
***		OFFICEOO	AND DIDEOTODO	(10)		eni signature re	quired when reinstating)	DATE OFFIC AND	DIDECTO	00 111 10
12.	<b></b>	OFFICERS	AND DIRECTORS		13.	eni signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFFI			
1:TLE	D	OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TITLE	eni signature rei	·		DIRECTO Change	
THE NAME	D WOLBERT	OFFICERS <b>T, PAUL D</b>	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME		·			
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T:TLE NAME	D WOLBERT	OFFICERS T, PAUL D FLORIDA AVE., M	I AND DIRECTORS  -197		13. 1.1 TITLE 1.2 NAME	T ADDRESS	·			Addition
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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 trusted empowered to execute this peport 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 accurate and the execute this peport as required by Chapter 607.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED P

....

MAR 13, 1997 (813) 969-169