

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055476 (1)

1. Corporation Name
HW MERGER CORPORATION



Principal Place of Business
1300 W INDUSTRIAL AVE. BUILDING A
BAYS 105-07
BOYNTON BEACH FL 33426

Mailing Address
1300 W INDUSTRIAL AVE. BUILDING A
BAYS 105-07
BOYNTON BEACH FL 33426-2902

3. Date Incorporated or Qualified
06/27/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. BOX 68
27 Suite, Apt. #, etc.
28 City & State
29 LA GRANGE, KY
30 Zip
31 USA

4. FEI Number
X Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

NENTWIG, RONALD
1300 W INDUSTRIAL AVE, BUILDING A
BAYS 105-07
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUDMUNDSSON, JON S. (JR.)	
STREET ADDRESS	10518 BUCKEYE TRACE	
CITY-ST-ZIP	GOSHEN, KY	<input type="checkbox"/> DELETE
TITLE	PD- RON NENTWIG	
NAME	7601 S.W. 144TH TERRACE	
STREET ADDRESS	MIAMI, FL	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STD- GIRARDI, TIMOTHY	
TITLE	8010 SHADOW CREEK RD.	
NAME	CRESTWOOD, KY	<input type="checkbox"/> DELETE
STREET ADDRESS	D- GUDMUNDSSON, ORN	
CITY-ST-ZIP	114 TRIBAL RD	<input type="checkbox"/> DELETE
TITLE	LOUISVILLE, KY	
NAME	D-FRAZIER, KRISTEN	<input type="checkbox"/> DELETE
STREET ADDRESS	380 MATHIS LANE	
CITY-ST-ZIP	SHELBYVILLE, KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

2-2592

502-122-1111

CR2E034 (9/96)