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

CORPORATION. ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055521

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90044 006 ***150.00

D.IVI. CA	NIWELL, INC.							
D		Mailing Address						
Principal Place	•	~	_					
8198 NW 15 COURT 8198 NW 15 COURT CORAL SPRINGS FL 33071-6211 CORAL SPRINGS FL 33071-6211						DO NOT WRITE IN TI	IIS SPACE	
						3. Date Incorporated or Qualifed		
	÷					07/01/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App	olied For
21		26	<u> </u>			65-0678123	Not	Applicable
	# etc.	Suite, Apt. #,	etc.				\$8.75 A	dditional
Suite, Apt. #, etc. Suite, A			1			5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
<u> </u>		28	1			Trust Fund Contribution	Added to	Fees
Zip Country Zip		Co	untry		8. This corporation owes the current year	Intangible	1	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	• •			10. Name and Address of New Register	ed Agent	
				61	Name			l
	TWELL, DAVID M			82	Stroot Ad	Idress (P.O. Box Number is Not Acceptable)		
8198 NW 15 COURT			•	02	SueerAu	Iress (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33071-6211			83				
	•			<u></u>			85 Zip C	· ada
				84	City	F	85 Zip C	ode
aff aa ar r	egistered agent, or both, in the State m familiar with, and accept the oblig-	ations of Section 607.0	e was authorize 505, Florida Sta	tutes	the corpora	proration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose statement for the purpose s	politiment do reg	istered
	Signature, typed or printed name of registered ag-			<u> </u>	nt signature requ	ADDITIONS/CHANGES TO OFFICERS		DS IN 12
12.	····	ND DIRECTORS	13	TILE	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D DANGER DANGE A	ال ال	-				٠ و-	.
NAME	CANTWELL, DAVID M			VAME				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071-62			TY-S	T-ZIP		Change	Addition
TITLE		□ DE		MLE			onenge	
NAME				AME				
STREET ADDRESS	·				T ADDRESS			
CITY-ST-ZIP	-			CITY-S	ST-ZIP	- 4W	Change	Addition
TITLE]	□ DE		MLE				
NAME				AME				
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CITY-ST-ZIP				CITY-S	ST-ZIP		Change	Addition
TITLE		□ DE		MLE			C) counds	
NAME				NAME				
STREET ADDRESS			4.3	STREE	T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		Change	Addition
TITLE		□ DE		MLE			Change	
NAME				NAME			•	
STREET ADDRESS					TADDRESS	·-·	•	
CITY-ST-ZIP				CITY-S	i-ZIP		☐ Change	Addition
TITLE .	}	□ DE		TITLE		• •	Change	Audition
NAME				NAME				
STREET ADDRESS					TADDRESS			ļ
	1		64	CITY_S	T-ZIP			

14. I 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, with all other like empowered.

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