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Jan 30 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 # P96000072885 (2)

1. Corporation Name
CWI OF FLORIDA, INC.



Principal Place of Business: 11273 ROCKET BOULEVARD ORLANDO FL 32824
Mailing Address: 11273 ROCKET BOULEVARD ORLANDO FL 32824-8546

3. Date Incorporated or Qualified: 08/26/1996
3a. Date of Last Report
4. FEI Number: 59-3405500
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BAZINET, KERRY
11273 ROCKET BOULEVARD
ORLANDO FL 32824

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: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Carlos E. Aguiero		
1.3 STREET ADDRESS	40 CWI - 67 Walnut Ave, Suite 103		
1.4 CITY - ST - ZIP	Clark, NJ 07066		
2.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Richard Handley		
2.3 STREET ADDRESS	450 Pasolas Blvd		
2.4 CITY - ST - ZIP	Fort Lauderdale, FL		
3.1 TITLE	Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Conrad Paddy		
3.3 STREET ADDRESS	450 Pasolas Blvd		
3.4 CITY - ST - ZIP	Fort Lauderdale, FL		
4.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Harold W. Hudson		
4.3 STREET ADDRESS	450 Pasolas Blvd		
4.4 CITY - ST - ZIP	Fort Lauderdale, FL		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Carlos E. Aguiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)