

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/26/1996
4. FEI Number 58-3405500
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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	AGHIRO, CARLOS E.	
STREET ADDRESS	C/O CW1-67 WALNUT AVE., SUITE 103	
CITY-ST-ZIP	CLARK NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD	
STREET ADDRESS	450 LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEDDY, CORTLAND	
STREET ADDRESS	450 LAS DOS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS	
STREET ADDRESS	450 LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	D/P Hudson, Harris W.
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S Cole, James O.
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Hyle, Kathleen
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Cosman, James H
4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Kilburn, Dan
5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Barclay, David A.
6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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.

SIGNATURE _____ James O. Cole, 2117 Lee Ave, 904-769-7221

CF2E034 (10/97)