PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000072960**1. Corporation Name

C W S CAPITAL MANAGEMENT V, INC.

Principal Place of Business Mailing Address						1 1001/02) If 9 15/10 5/16 10/14 10/14 06/14 06/14 10/14 10/14 10/14 10/14 10/14 10/14
150 S.E. 2ND AVENUE SUITE 300 MIAMI FL 33131		150 S.E. 2ND AVENUE SUITE 300 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						09/04/1996 4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address						1 " ' -
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27						5. Certifcate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28				-		Trust Fund Contribution Added to Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
BVA	ED DONALD G				Name	
Baker, ronald G 4675 Ponce de Leon Boulevard				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
SUITE 301				83		
CORAL GABLES FL 33146						
1				84	City	FL 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: I	Decistered	Acent	eignobure reguu	guired when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	agratue recu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TII	ΠE		☐ Change ☐ Addition
NAME			1.2 NA	ME		
STREET ADORESS	TOOL DUILDE DE TE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	_,	1.4 Cl	TY-ST-	ZIP	
TITLE	D	☐ DELETE	2.1 111	2.1 TITLE		☐ Change ☐ Addition
NAME	WINTON, JOHNNY L		2.2 NAME			
STREET ADDRESS	100 O.E. END TVEROE				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	_	ITY-ST	-ZiP	☐ Change ☐ Addition
TITLE	D COURACE IOSERU P	Delete	3.1 TI			Townson Character and the second seco
NAME	SCHRAGE, JOSEPH B		1		ADDRESS	
STREET ADDRESS	4901 N.W. 17TH WAY FT. LAUDE <u>rdale Fl</u> 33309			ITY-ST		•
CITY-ST-ZIP	FT. ENODERDALE TE 33303	☐ DELETE	4.1 TI			Change Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET/	ADDRESS ;	
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP	
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS	`		i i		ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CF 6.1 TF	TY-ST-	ZIP	☐ Change ☐ Addition
TITLE			6.2 N			

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, on a plattachment with a paddress of the all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

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