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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000081423 (1) DOCUMENT #

CWC & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



19301 WEST ST. ANDREWS DR 19301 WEST ST. ANDREWS MIAM! FL 33015								
	0.0	MITAIL 1 C 00010			DO NOT WRITE IN THIS SPA	CE		
					3. Date Incorporated or Qualified 10/02/1996			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied	For	
21		26			65-0706994	Not App		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fee		
Zip	Country	Zip	_ country	,	8. This corporation owes or has paid the current	year Intangibl	le	
24	25		30		Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	nt		
HARVEY, FRANK				Name	, ,			
3050 BISCAYNE BLVD. SUITE 600				Street	Address (P.O Box Number is Not Acceptable)			
MIAMI FL 33137						-		
			84	City	FL 8	'		
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	The state of the s	: Registered Age	nt signature	e required when reinstating) DATE			
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF			
TITLE	CURRY, CYNTHIA W	☐ DELETE	1.1 TITLE		_ L	Change 🗌 A	Addition	
NAME	19301 WEST ST. ANDREWS D	D	1.2 NAME				ĺ	
STREET ADDRESS	MIAMI FL	• •	1.3 STREET		\			
CITY+ST-ZIP TITLE	1712 13711 4 4m	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP	VCNA	Change	ddition	
NAME			2.1 IIILE 2.2 NAME		Gorland P Corrytt	bilange [(Galua)	
STREET ADDRESS			2.3 STREET	ADDOESS	19301 Jal St. Andrews Dr.			
City-St-Zip			2.4 CITY-5		Garland P. Curry II 19301 W. St. Andrews Dr. Miami, Florida 33015			
TITLE		DELETE	3.1 TITLE	51 - ZJP	101141131111111111111111111111111111111	Change A	Addition	
NAME			3.2 NAME			3/10/190		
STREET ADDRESS			3.3 STREET	ADDRESS			- 1	
CITY-ST-ZIP			3.4. CITY-5					
TITLE		DELETE	4.1 TITLE	.,		Change A	Addition	
NAME			4. 2 NAME		_			
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		DELETE	5.1 TITLE			Change A	ddition	
NAME			5.2 NAME	ĺ			Ī	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY-S	r-zip			ļ	
TITLE		DELETE	6.1 TITLE			Change A	ddition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	r- 21P				

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 comporation 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 approximation.