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

DOCUMENT # P96000084867 (6)

HW FAMILY CORP.

Principal Place of Business 5001 COLLINS AVE 15B. CARRIAGE CLUB SOUTH MIAMI BEACH FL 33140

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

5001 COLLINS AVE 15B. CARRIAGE CLUB SOUTH MIAMI BEACH FL 33140

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 10/15/1996

65-0705853

4. FEI Number

22		27				5. Certificate of Status Desired	<u></u>	Fee Re	quired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added to	o Fees
^{Z_ip}	Country	Zip	Count	ry		8. This corporation owes or has pai			
24	[25]	29	30			Personal Property Tax due June			No
9. Name and Address of Current Registered Agent					N1	10. Name and Address of New Re	Jistered A	gent	
WALKER, HARRY 5001 COLLINS AVE 158, CARRIAGE CLUB SOUTH MIAMI BEACH FL 33140				1	Name				
				2	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
				3				 .	
				13					
			8-	4	City			85 Zip C	ode
44.5				_ _			<u>FL</u>	<u> </u>	
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	s authorized t	by t	named corpo he corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t the appr	changing its pintment as i	registered
agent. I a	m familiar with, and accept the obl	gations of, Section 607.0505,	Florida Statut	es.	•	•			
SIGNATURE			IOTE: Registered A				DATE		
Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					signature required	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PSTD	DELETE DELETE				ADDITION OF THE OF THE	LITOTAL	Change	Addition
NAME	WALKER, HARRY		1.1 TITLE 1.2 NAME		1				- I
STREET ADDRESS	5004 OOLINIO 115 455			1.3 STREET ADDRESS					-
CITY-ST-ZIP	1 H 1 H 1 T 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C			1.4 CITY-ST-ZIP					1
TITLE				2.1 TITLE				Change	Addition
NAME	ANALI LIMB PARMINER		2.2 NAMI	2.2 NAME				_	
STREET ADDRESS	5001 COLUNS AVE., 15B		2.3 STRE	ET A	DORESS				ĺ
CITY - ST - ZIP	BHARK OF ACULTI ACCAS			r-ST	ZIP				
TITLE	AS	DELETE	3.1 TITLE					Change	Addition
NAME	Walker, Donald		3.2 NAME	£	ĺ				1
STREET ADDRESS	5001 COLLINS AVE., 15B		3.3 STRE	ET AI	DDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140	AMI BEACH FL 33140		- ST	ZIP				
TITLE		DELETE	4.1 TITLE	E				Change	Addition
NAME			4.2 NAM	Œ	Ì				ĺ
STREET ADDRESS			4.3 STRE	ET A	DORESS				
CITY-ST-ZIP			4.4 CITY-	<u>- S</u> T-	ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	E					
STREET ADDRESS			5.3 STREE	ET A	DDRESS				1
CITY-ST-ZIP			5.4 CITY	·\$1-	ZIP		 .		
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME	E					
STREET ADDRESS			6.3 STRE	ET A	DORESS				ļ
CITY - ST - ZIP		·	6.4 CITY					·	
14. I hereby of indicated	certify that the information supplied on this annual report or supplied	with this filing does not qualify ital annual report is true and a	for the exem	ption	on stated in S	section 119.07(3)(i), Florida Statutes. I	urther cer	tify that the	information [
officer or	director of the corneration or the re	ceiver a trustee empowered t	to execute this	SIA	nort as requi	shall have the same legal effect as if red by Chapter 607. Florida Statutes:	and that in	IV name and	pears in