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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000102999 (5)

CWF, INC.

| Principal Place                                    | Mailing Address   | Address   |   |                    |              | EL 148 JOHN BILLE BOUR DONN DANN | I HOOM OFFICE MENT HOW  |  | JB41 1001        |                                       |  |
|--|---|---|---|--------------------|--------------|----------------------------------|---|--|------------------|---------------------------------------|--|
| 1755 BRANCH V<br>JACKSONVILLE                      | INE DRIVE. WEST<br>FL 33246   |   | S BRANCH VINE ORIVE. WEST<br>CKSONVILLE FL 32246-7280 |                    |              |                                  |   |  |                  |                                       |  |
|  |   |   |   |                    |              |                                  | ncorporated or Qualified /1996  | 3a. Date of t.                           |                  | port                                  |  |
| 2. Principal Place of Business 2a. Mailing Address |   |   |   |                    |              | 4. FELNU                         |   |  | Apı              | plied For                             |  |
|  | AMC   | 26  |   |                    |              |                                  | 1-342032  |  |                  | t Applicable                          |  |
| Suite, Apt. (                                      |   | Suite, Apt. #, etc.   | 7   |                    |              |                                  | 5. Certificate of Status Desired See Required Fee Required                              |  |                  |                                       |  |
| City & State                                       | •   | City & State  |   |                    |              |                                  | 6. Election Campaign Financing \$5.00 May Be  |  |                  |                                       |  |
| <b>23</b> Zip                                      | Country   | Zip Country   |   |                    |              | <del>- +</del>                   | Trust Fund Contribution   |  |                  |                                       |  |
| 24   | <b>25</b>   | 29 30   |   |                    |              |                                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |                  |                                       |  |
|  | 9. Name and Address of Current  | L <del></del>   | 1901  |                    |              |                                  | and Address of New Re   |  |                  |                                       |  |
| MEDI   | URE, MATTHEW  | · · · · · · · · · · · · · · · · · · ·                         |   | 81                 | Name         |                                  | · · · · · · · · · · · · · · · · · · ·   | <del></del>                              |                  |                                       |  |
|  | BRANCH VINE DRIVE, WEST   |   | ļ   | 82                 | Ctroot       | ddroes (D.O. Be                  | Atumbas in Mat Assessable   | via)                                     |                  |                                       |  |
|  | SONVILLE FL 33248   |   | Ī   | 02                 | Street       | ouress (P.O. Bo)                 | Number is Not Acceptat  | ne)                                      |                  |                                       |  |
|  |   |   | ľ   | 83                 |              |                                  |   |  |                  |                                       |  |
|  |   |   | 1   | 84                 | - Cit.       |                                  |   | los!                                     | Zip C            | `                                     |  |
|  |   |   |   | 24                 | City         |                                  |   | FL  85                                   | zip c            | ,oue                                  |  |
| office or re<br>agent I ar<br>SIGNATURE            | o the provisions of Sections 607.0502<br>egistered agent, or both, in the State on familiar with, and accept the obligations. | of Florida. Such change was<br>lions of, Section 607.0505, Fl | authorized<br>orida State                             | d by<br>utes       | the cor      | oration's board o                | f directors. I hereby accep   | outpose of changot the appointme         | ing its          | registered registered                 |  |
| 12.  | Signature, typied or printed name of registored agon<br>OFFICERS AND  |   | 13.   | Age                | nt signature | equired when reinstatin          | DNS/CHANGES TO OFFIC  |  | CTOR             | S IN 12                               |  |
| TITLE  | D President   | DELETE  | 1.1 [11   | 1 F                |              | 0                                |   | [ ] Ch                                   | апое             | Addition                              |  |
| NAME   | MEDURE, MATTHEW   | La becere   | 1.2 NA  |                    |              | DAVICE                           | Medusz  |  | J. 190           | , , , , , , , , , , , , , , , , , , , |  |
| STREET ADDRESS                                     | 1755 BRANCH VINE DR. WEST   |   | 1.3 STREET ADDRESS                                    |                    |              | 1755 3                           | ranch Vinc  | Dr. weg                                  | <del>.</del>     |                                       |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 33248   |   | 1.4 CITY - ST - ZIP                                   |                    |              | TACKS                            | Medure<br>ranch Uinci   | 2004                                     | 6                |                                       |  |
| DILE   | D   | DELETE  | 2.1 (1)   |                    |              |                                  |   | Ch                                       | ange             | Addition                              |  |
| NAME   | BERKMAN, DAVID  |   |   | 2.2 NAME           |              |                                  |   |  |                  |                                       |  |
| STREET ADDRESS                                     | 1523 BEACH WALKER ROAD  | 2.3   |   | 2.3 STREET ADDRESS |              |                                  |   |  |                  |                                       |  |
| CITY-ST-7IP  | AMELIA ISLAND FL 32034  |   | 2. 4 CI   | 2. 4 CITY-ST-ZIP   |              |                                  |   |  |                  |                                       |  |
| TITLE  |   | DELETE  | 3.1 717   | TITLE              |              |                                  |   | Ch                                       | ange             | Addition                              |  |
| NAME.  |   |   | 3.2 NA  | ME                 |              |                                  |   |  |                  |                                       |  |
| STREET ADDRESS                                     |   |   | 3.3 ST  | reet               | ADDRESS      |                                  |   |  |                  |                                       |  |
| CITY-ST-ZIF  |   |   |   |                    | ST-ZIP       |                                  |   |  |                  |                                       |  |
| TITLE  |   | ☐ DELETE  | 4.1 111   |                    |              |                                  |   | ☐ Ch                                     | ange             | Addition                              |  |
| NAME   |   |   | 4. 2 N  |                    |              |                                  |   |  |                  |                                       |  |
| STREET ADORESS                                     |   |   |   |                    | ADDRESS      | •                                |   |  |                  |                                       |  |
| CHY-ST-ZIP<br>TITLE                                |   | DELETE  | 4.4 CI<br>5.1 Til                                     |                    | 1- ZIP       |                                  |   | Cr                                       | ange             | Addition                              |  |
|  |   | C) pereit   | 5.1 TH  |                    |              |                                  |   |  | ~. i¥ι           | radicion                              |  |
| NAME<br>STREET ADDRESS                             |   |   |   | -                  | ADDRESS      |                                  |   |  |                  |                                       |  |
| STREET ADDRESS<br>CITY: \$1:7IF                    |   |   | 5.4 CI  |                    |              |                                  |   |  |                  |                                       |  |
| THE  |   | ☐ DELETE  | 61 10   |                    | 1 . YH       |                                  |   | ☐ Cr                                     | ange             | Addition                              |  |
| NAME   |   |   | 6.2 NA  |                    |              |                                  |   |  | -                |                                       |  |
| STREET ADDRESS                                     |   |   |   |                    | ADDRESS      |                                  |   |  |                  |                                       |  |
| CITY-ST-ZIF  |   |   | 64 CI   |                    |              |                                  |   |  |                  |                                       |  |
| 14. I do hereb                                     | by certify that the information supplied  | with this filing does not qual                                | ify for the   | exe                | mption s     | ated in Section 1                | 19.07(3)(i), Florida Statute  | s. I further certif                      | y that           | lhe                                   |  |
| I am an of   | n indicated on this annual report or sufficer or director of the corporation or in Block 12 or Block 13 if changed, or        | the receiver or trustee empor                                 | vered to e  | XOC                | ute this     | sport as required                | b shall have the same legal<br>by Chapter 607, Florida S<br>Meclure                     | al effect as it mad<br>Statutes; and tha | ue und<br>I my n | ame                                   |  |