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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019137 (3)

MCW INVESTMENTS, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
28347 PRINCEVILLE DRIVE 29347 PRINCEVILLE DRIVE					
SAN ANTONIO FL 33576		SAN ANTONIO FL 33576			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					02/28/1997
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
		26			67-0733 Ø / 3 Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired Section Section 5. Section 1. Section 5. Section 1. Sec
		27 City 8 Cyata	<u> </u>		гае кадинео
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		Inv	
24	25 29 30		_	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Current		301		10. Name and Address of New Registered Agent
AM	ERILAWYER CHARTERED		E	Name	
343 ALMERIA AVENUE			١.	2 Street	Address (D.O. Boy Number in Not Appendable)
CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)	
OUTURE WIDELOTE COTOT			8	13	
			8	4 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agen OFFICERS AND		Hegislered /	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 T(TL)	<u> </u>	Change Addition
NAME	WALKIEWICZ, MARYANN		1.2 NAM		
STREET ADDRESS				ET ADDRESS	į.
CATY-ST-ZIP	Add delicated to page			-ST-ZIP	į
TITLE			2.1 TITL		☐ Change ☐ Addition
NAME	WALKIEWICZ, CHARLES		2.2 NAM	IE	
STREET ADDRESS	29347 PRINCEVILLE DRIVE		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL 33576		2. 4 CITS	r-ST-ZIP	
TITLE		DELETE			Change Addition
NAME			3.2 NAM	E \	1
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	•	Change Addition
NAME			4. 2 NAN	1E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			_	-ST-ZIP	
TITLE		DELETE	5.1 TITU	Ť	☐ Change ☐ Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STRE	ET ADDRESS	•
CITY-ST-ZIP			5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM]	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	

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 of 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 altachment with an address.

CICNATURE.

Lada Walletine

February 20 1998