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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90084 039 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

DOCUMENT #	P97000019137
Cornoration Name	1 01 0000 10 101

MCW INVESTMENTS, INC.

Principal Place of Business

29347 PRINCEVILLE DRIVE SAN ANTONIO FL 33576

Mailing Address

29347 PRINCEVILLE DRIVE SAN ANTONIO FL 33576

02/28/1997 2a - Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 67-0733013 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition PSD DELETE 1.1 TITLE TITLE WALKIEWICZ, MARYANN 1.2 NAME NAME 29347 PRINCEVILLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS SAN ANTONIO FL 33576 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change C DELETE 2.1 TTTLE TITLE WALKIEWICZ, CHARLES 22 NAME NAME 29347 PRINCEVILLE DRIVE 2.3 STREET ADDRESS STREET ADDRESS SAN ANTONIO FL 33576 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME ALADAIT INTERNE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐1 Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 supplied with this limit does not quality for the examption stated in Section 119.07(3)(f), Florida Statutes, I further certify that it entrolled indicated on this annual report or suppliemental 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

SIGNATURE: