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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000027556

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90251 003 \*\*\*300.00

l	n Name			Ý		
CBW MF	G., INC.					
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					<b>11</b> 01 (11) (111 10)	<b>6)  1 1  </b>
Principal Place	e of Business	Mailing Address				91119 8111 1881
5049 GLENN DRIVE 5049 GLENN DRIVE			}			
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 3465		34652				
				DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		{
				03/19/1997	<del> </del>	
<b>⊢</b> −¬	lace of Business	2a. Mailing Address		4. FEI Number	\ <del>\</del>	plied For
21		26		59-3438160		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-,	5. Certificate of Status Desired = [] =	\$8.75 / Fee Re	
22		27			<del></del> _	·
City & State	<b>e</b>	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		MI No
24	25	29	30	Personal Property Tax.	Yes	BEING
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent	
EEIG.	T, LAWRENCE J					. [
	3 SUNFISH DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	SON-FL 34667		504	9 GLENN DRIVE		
פטרו	3014 FE 34007		83			Ì
		-	84 City		85 Zip C	Code
			New		FL   34	Code 652
	to the acquisions of Continue 607 OFC	2 and 607 tene Florida Stat	uton the above named on	progration submits this statement for the numos	se of changing its	registered
11. Pursuant	to the provisions of Sections 607.050	of Florida, Such change was	utes, the above-hamed co	then's beard of dissolves. I bereful account the	annintment ac re-	gictored
11. Pursuant office or re agent. La	egistered agent, or both, in the State m familiar with and accept the obliga	of Florida. Such change was attions of Section 607.0505, F	authorized by the corpora lorida Statutes.	orporation submits this statement for the purposation's board of directors. I hereby accept the a	ppointment as re-	gistered
agent. I a	m familiar with and accept the obliga	itions on Section 607.0505, F	ionda Statutes.			gistered
agent. I a	m familiar with, and accept the obligation of segistered age.	ntions on Section 607.0505, F	londa Statutes.	FIST DATE (DATE of the principal of the	1/04/99	]
agent. I a	m familiar with and accept the obligation of the	nand title if applicable (NO	ionda Statutes.  AWRENCE J FE	; ;;\\$7	1/04/99 S AND DIRECTO	RS IN 12
agent. I a	m familiar with and accept the obligation of the	ntions on Section 607.0505, F	AWRENCE J FE TE: Registered Agent signature requ	FIST DATE (DATE of the principal of the	1/04/99	]
agent. I all SIGNATURE	Signature, typed or printed name of registerer age OFFICERS AN PTO FEIST, LAWRENCE J	nand title if applicable (NO	TE: Registered Agent signature requests.  13. 1.1 TITLE 12 NAME	FIST DATE of the preinstating DATE of the pre	1/04/99 S AND DIRECTO	RS IN 12
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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 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 address, with all other like empowered.

SIGNATURE:

Luxure Ftint

LAWRENCE J FEIST

01/04/19

727-841-6726 x 207

CR2E034 (11/98)