


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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031644 (2)
1. Corporation Name
C&W CONSULTING, INC.



Principal Place of Business: 4550 CARLTON GOLF DRIVE LAKE WORTH FL 33467
Mailing Address: 4550 CARLTON GOLF DRIVE LAKE WORTH FL 33467
See Below

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
04/07/1997

2. Principal Place of Business: 21 209 CANTERBURY DRIVE SUITE 1 PALM BEACH GARDENS, FL 33418
2a. Mailing Address: 26 209 CANTERBURY DRIVE EAST SUITE 1 PALM BEACH GARDENS, FL 33418
22 SUITE 1
23 PALM BEACH GARDENS, FL
24 33418 25 Palm Beach 29 33418 30 Palm Beach

4. FEI Number: 65-0745349
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FRIEDMAN, RONALD R
40 S.E. 5TH STREET
SUITE 405
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name: HARVEY S. WITSON
82 Street Address (P.O. Box Number is Not Acceptable): 209 CANTERBURY DRIVE EAST
83 PALM BEACH GARDENS
84 City: PALM BEACH FL 85 Zip Code: 33418

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]* HARVEY S. WITSON DATE: 2/25/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WITSON, HARRY S	
STREET ADDRESS	8 BLACKSMITH LANE	
CITY-ST-ZIP	EAST NORTHPORT P.O. NY 11781	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFRESI, MARGARITA	
STREET ADDRESS	8 BLACKSMITH LANE	
CITY-ST-ZIP	EAST NORTHPORT P.O. NY 11731	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	209 CANTERBURY DRIVE EAST
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	300002453403
6.4 CITY-ST-ZIP	-03/11/98--01005--022 ***150.00

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.

SIGNATURE: *[Signature]* HARVEY S. WITSON SECRETARY DATE: 2/25/98 361 624 0215

CR2E034 (10/97)