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

FILED
Feb 02 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 # P97000040504

1. Corporation Name
DNW DEVELOPMENT CORPORATION

Principal Place of Business
~~1605 ISLAND WAY~~ DNW
~~WESTON, FL 33326~~
400 LESLIE DR., SUITE 215
HALLANDALE, FL 33009

Mailing Address
~~1605 ISLAND WAY~~ DNW
~~WESTON, FL 33326~~
400 LESLIE DR., SUITE 215
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1605 ISLAND WAY
Suite, Apt. #, etc. 22
City & State 23 WESTON, FL
Zip 24 33326 Country 25 USA

2a. Mailing Address
26 1605 ISLAND WAY
Suite, Apt. #, etc. 27
City & State 28 WESTON, FL
Zip 29 33326 Country 30 U.S.A.

3. Date Incorporated or Qualified
MAY 7, 1997

4. FEI Number
65-0750306
☐ Applied For
☐ Not Applicable

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
BRIAN E. PORT
JEFFREY M. PERLOW & ASSOCIATES, P.A.
1620 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

10. Name and Address of New Registered Agent
81 Name DAVID N WOLOFSKY
82 Street Address (P.O. Box Number is Not Acceptable) 1605 ISLAND WAY
83
84 City WESTON, FL FL 85 Zip Code 33326

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] DAVID N WOLOFSKY 1/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES./TRES.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVID N WOLOFSKY		1.2 NAME		
STREET ADDRESS	1605 ISLAND WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		1.4 CITY-ST-ZIP		
TITLE	V.P./SEC.	☑ DELETE	2.1 TITLE	V.P./SEC.	☑ Change ☐ Addition
NAME	KAREN E. WOLOFSKY		2.2 NAME	DAVID N WOLOFSKY	
STREET ADDRESS	1605 ISLAND WAY		2.3 STREET ADDRESS	1605 ISLAND WAY	
CITY-ST-ZIP	WESTON, FL 33326		2.4 CITY-ST-ZIP	WESTON, FL 33326	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

900002411911
-02/03/98--01004--008
***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 added above.

SIGNATURE: [signature] DAVID N WOLOFSKY 1/27/98 (561)793-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)