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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P97000062058 (7)

MWL, INC.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS FILED Jul 31 1998 8:00am Secretary of State

MAAT' II	NO.			I NACIONAL DEL HARCE CARAL MARKE ARRES ARRES ARRES	ATHA MAMAAAN AMAA MAMAARA
Principal Place	of Business	Mailing Address		(teatibet ine jaitt jedit genit batte betit batte i	Whin Linis daint ambi lais shis
COOC YOUR		2200-MONHERO COURT.			
				DO NOT WRITE IN THIS	S SPACE
NOA.	OPERATING	· \		3. Date Incorporated or Qualified	
(105	ING OUT			07/16/1997	
2. Principal Pl	ace of Business	2e. Mailing Address	ma Butall	4. FEI Number	Applied For
21			70 BX 744	6 57-345 1340	Not Applicable
Suite, Apt. :	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State	4 4	6. Election Campaign Financing	\$5.00 May Be
23		28 APO 1	45	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24 APO	AE 25 GER.	29 07/63	30 GERMAN	Personal Property Tax due June 30.	U Yes
CHILS	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	a Agent
LONG MARITIA W					
			ress (P.O. Box Number is Not Acceptable)		
825 W. WINTER TAME 4:70 BOX 7446 83					
023	WINDER ARD	At ACL			
CKLA	NO0172 904	AC DITORY	84 City	F	L 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 hance of registered agen OFFICERS AND		E irgistered Agont signature requi	PATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIDECTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	10110 11107111 111		1.2 NAME		C ottorigo C (100mion
STREET ADDRESS	-2883 YONKERS COURT	ARIE AS	1.3 STREET ADDRESS		
CITY+ST-ZIP	OVIEDO FL 82765	ABOVE V	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELFTE	2 1 TITLE		Change Addition
NAME	LONG, DONALD E	A A-	2.2 NAME		
STREET ADDRESS	2883-YONKERS COU RT	SAME AS	2 3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765	ABOVES	2 4 CITY - ST - ZIP		
TITLE		☐ DELFTE	3171116		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. C(TY - ST - Z)P		///
TITLE		☐ DELETE	4.1 THILE		hange Addition
NAME			4. 2 NAME	•	1117/m,
STREET ADDRESS			4 3 STREET ADDRESS		1/1/1/5/
CITY+ST-ZIP			4 4 CITY-ST-ZIP		/11/21
TITLE		☐ DELETE	5.1 TITLE	1000026056	
NAME			5.2 NAME	08/03/98010320	3 3 3

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, driven an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

***150.00

CR2E034 (10/

☐ Addition

☐ Change