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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000078556 (2)

PWD, INC.

Principal Place of Business Mailing Address					L TABESADE LIB TOTAL EBATT BEYIN OF HIL BOURD BEHIN TOBER TOLEN (1916) DYNTE DYNT FRAN
18000 GULF BLVD. #112 MADEIRA BEACH FL 33708			13000 GULF BLVD. #112 MADEIRA BEACH FL 33708		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 09/10/1997
	Place of Business	2a, Mailing Address			4. FEI Number Applied For
21		26	~~		59-3468810 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>}-</u> -		5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & Stat	6	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	1		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Cu	29	30		Personal Property Tax due June 30. Yes No
	<del></del> ,	irrent negistered Agent	81	Name	10. Name and Address of New Registered Agent
	ACHINER, DALE T 000 GULF BLVD. #112		82		dress (P.O. Box Number is Not Acceptable)
MADEIRA BEACH FL 33708				Street Add	oress (P.O. Box Number is Not Acceptable)
			83		
			84	City	FL 85 Zip Code
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    Storeture, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when refinition)  DATE.					
-	Stonature, typed or printed name of registere	<u>`-</u> <u>`</u>		ent signature requ	
12.	PD	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
) i	WACHNER, DALE T		1.1 TITLE	1	Citails T Addition
NAME	13000 GULF BLVD. #112		1.2 NAME		
STREET ADDRESS	MADEIRA BEACH FL 3370		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	1 - Z(P	Change Addition
NAME	WACHNER, MARGARET H	_	2.2 NAME		C vitalige C Addition
STREET ADDRESS 13000 GULF BLVD. #112			2.3 STREET ADDRESS		
CITY-ST-ZIP MADEIRA BEACH FL 33708		18	2. 4 City-St-ZiP		
TITLE			3.1 TITLE	21 - 711-	☐ 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		<del></del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S		
TITLE			51 TITLE		Change Addition
NAME			52 NAME		· —
STREET ADDRESS			5 3 STREET	ADDRESS	

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 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 sorporation 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

SIGNATURE: Jah / Wardon

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DALE T. WACHNE

1/6/98

8/3-527-7389

Change

☐ Addition

**FILED** 

Feb 09 1998 8:00am

Secretary of State