

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90137 032 ***150.00

DOCUMENT # P97000078556

1. Corporation Name
PWD, INC.

Principal Place of Business
13000 GULF BLVD. #112
MADEIRA BEACH FL 33708

Mailing Address
13000 GULF BLVD. #112
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1997

4. FEI Number
59-3468810

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
6251 44TH ST. N.

2a. Mailing Address
6251 44TH ST. N.

22. Suite, Apt. #, etc.
1

27. Suite, Apt. #, etc.
4

23. City & State
PINELLAS PARK, FL

28. City & State
PINELLAS PARK, FL

24. Zip
33781

25. Country
USA

29. Zip
33781

30. Country
USA

9. Name and Address of Current Registered Agent

WACHNER, DALE T
13000 GULF BLVD. #112
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81. Name
WACHNER, DALE T.
82. Street Address (P.O. Box Number is Not Acceptable)
6251 44TH ST. N. #1
83.
84. City
PINELLAS PARK FL 85. Zip Code
33781

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WACHNER, DALE T
STREET ADDRESS 13000 GULF BLVD. #112
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE SD
NAME WACHNER, MARGARET H
STREET ADDRESS 13000 GULF BLVD. #112
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 (727) 527-7389
Date Daytime Phone #

CR2E034 (11/98)