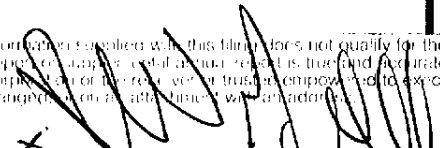


FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 04 1998 8:00 Secretary of State	
DOCUMENT # P97000099078 1. Corporation Name EWT, INC.					
Principal Place of Business 11011 Pines Boulevard Suite 101 Pembroke Pines, Florida 33024			Mailing Address 11011 Pines Boulevard Suite 101 Pembroke Pines, Florida 33024		
2. Principal Place of Business 21 10011 Pines Boulevard Suite, Apt. #, etc. 22 Suite 101 City & State 23 Pembroke Pines, Fl. Zip 24 33024 Country 25 USA			2a. Mailing Address 26 10011 Pines Boulevard Suite, Apt. #, etc. 27 Suite 101 City & State 28 Pembroke Pines, Fl. Zip 29 33024 Country 30 USA		
9. Name and Address of Current Registered Agent Joel M. Gaulkin, Esq. 4627 Ponce de Leon Blvd. Second Floor Coral Gables, Florida 33146			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 type (print or type name of registered agent and then applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 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 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 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 is complete 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 registered agent 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 from a previous filing with an address.					
SIGNATURE:  3/23/98					