

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100146 (4)
 1. Corporation Name
CITYWIDE CO.



Principal Place of Business 10841 SNAPPER CREEK DRIVE MIAMI FL 33173	Mailing Address 10841 SNAPPER CREEK DRIVE MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
11/25/1997

2. Principal Place of Business 21 19370 COLLINS AVE	2a. Mailing Address 26 19370 COLLINS AVE
Suite, Apt. #, etc. 22 814	Suite, Apt. #, etc. 27 APT 814
City & State 23 N MIAMI BEACH FL	City & State 28 N. MIAMI BEACH FL
Zip 24 33160	Country 25 USA
Zip 29 33160	Country 30 USA

4. FEI Number
65 0796642
 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
**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PSTD	<input type="checkbox"/> DELETE
NAME MACKENZIE, DONALD	
STREET ADDRESS 10841 SNAPPER CREEK DRIVE	
CITY-ST-ZIP MIAMI FL 33173	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME APPELT, MONICA	
1.3 STREET ADDRESS 19370 COLLINS AVE APT 814	
1.4 CITY-ST-ZIP N MIAMI BEACH FL 33160	
2.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MACKENZIE, DONALD	
2.3 STREET ADDRESS 19370 COLLINS AVE APT 814	
2.4 CITY-ST-ZIP N MIAMI BEACH FL 33160	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****150.00**

12/5/98

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.

SIGNATURE: *Donald Mackenzie* **DONALD MACKENZIE** **1/2/98** **9313804**

CR2E034 (10/97)