

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**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90069 020 \*\*\*150.00

**DOCUMENT # P98000103070**

1. Corporation Name

**M & W ENTERTAINMENT, INC.**



Principal Place of Business

Mailing Address

~~3691 STATE ROAD 580 UNIT H~~  
~~OLDSMAR FL 34677~~

~~3691 STATE ROAD 580 UNIT H~~  
~~OLDSMAR FL 34677~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1998**

2. Principal Place of Business

2a. Mailing Address

**21 4404 N. GRADY AVE.**

**26 4404 N. GRADY AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3549026**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SNOW, VICKI~~

~~3691 STATE ROAD 580 UNIT H~~  
~~OLDSMAR FL 34677~~

81 Name

**WALT ROZANSKI**

82 Street Address (P.O. Box Number is Not Acceptable)

**4404 N. GRADY AVE.**

83

84 City

**TAMPA, FL.**

**FL**

85 Zip Code

**33614**

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

**WALT ROZANSKI**

**4-29-99**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ROZANSKI, WALT**

STREET ADDRESS ~~3691 STATE ROAD 580 UNIT H~~

CITY-ST-ZIP ~~OLDSMAR FL 34677~~

1.1 TITLE

**D/P**

☒ Change ☐ Addition

1.2 NAME

**ROZANSKI, WALT**

1.3 STREET ADDRESS

**4404 N. GRADY AVE.**

1.4 CITY-ST-ZIP

**TAMPA, FL. 33614**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

**V/D**

☐ Change ☒ Addition

2.2 NAME

**MICHAEL BRAMONTE**

2.3 STREET ADDRESS

**4404 N. GRADY AVE.**

2.4 CITY-ST-ZIP

**TAMPA, FL. 33614**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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:

**WALT ROZANSKI, PRESIDENT**

Date

Daytime Phone #

**4-29-99 874-8697**

CR2E034 (11/98)