FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53306** **(4)**

1. Corporation Name
CWYNAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2701 S W 8TH STREET BOYNTON BEACH FL 33435	2701 S W 8TH STREET BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1991
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21 5800 North Federal Hwy	26 5800 North Federal Hwy
Suite, Apt. #, etc. 22 # 5	Suite, Apt. #, etc. 27 #5
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33487 / 25 Palm Beach	Zip / Country 29 33487 / 30 Palm Beach

4. FEI Number: 59-3079354 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CWYNAR, WILLIAM R SR 2701 S W 8TH STREET BOYNTON BEACH FL 33435	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CWYNAR, WILLIAM R SR	12 NAME	
STREET ADDRESS	2701 S W 8TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	~~PRESIDENT~~ Vice-Pres ☐ Change ☒ Addition
NAME	ANN M. CWYNAR	22 NAME	ANN M. CWYNAR
STREET ADDRESS	2701 SW 8IST.	23 STREET ADDRESS	2701 SW 8IST.
CITY-ST-ZIP	BOYNTON BCH, FL 33435	24 CITY-ST-ZIP	BOYNTON BCH, FL 33435
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William R. Cwynar Sr. Pres. 4/24/95 407/997-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0263469 CP