FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						
	CORPORATION ANNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCU	MENT #	V38553	(6))		
PWH EQUITY CORPORATION						
Principal Plac	e of Business	N	Address		A MAALE TIJATE HIERE ININ' NIIN' MINN'	R JODY ALADY REALS ALADY REALS ALADY ALADY ALADY
SUITE 100	ORATE CENTER WAY M BEACH FL 33414		1200 CORPORATE SUITE 100 WEST PALM BEACH US		3. Date Incorporated or Qualified 05/22/1992	3a. Date of Last Report 03/21/1995
	Place of Business	- j	a. Mailing Address		4. FEt Number	Applied For
21 Suite, Apt 22	. #, etc.	26	Suite, Apt. #, etc.		65-0348938 5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	te	28	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Cou 25	ntry 29	Zip	Country 30	 This corporation has liability for in Florida Statutes 	
		dress of Current Regi	stered Agent		10. Name and Address of New R	
2255 GLADES ROAD 1200 Corporate Center Way #300E B3 Suite 100 B0CA RATON FL 33431 B4 City City City Palm Beach FL B5 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 Signature typed or protect name of registered agent and blief appeable.						
12.	Signature typed or printed n	OFFICERS AND DIRE		INDIE: Registereo Agent signature requ 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS		ATE CENTER WAY,	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12 (607) Change Addition (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
CITY-ST-ZIP TITLE	D WEST PALM B	EACH FL		1.4 CHTY-ST-ZIP 2 1 TITLE		Change Addition
NAME STREET ADDRESS	SANDS, DONA	ATE CENTER WAY,	#100	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TLOI FALM D		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change 🔲 Addition
NAME STREET ADDRESS				3 2 NAME 3 3. STREET ADDRESS		
CITY-ST-ZIP TIFLE			DELETE	3 4 City-St-Zip 4. 1 Title		🗋 Change 🔲 Addition
NAME STREET ADDRESS				4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4 4 CHY - ST - ZIP 5 1 THTLE		Change Addition
NAME			• ⁻	5 2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS 5 4 CIPY - ST - ZIP		
TIFLE	-		DELETE	6 1 TITLE	<u> </u>	Change CAddition
NAME STREET ADDRESS				6 2 NAME		
STREET ADDRESS CITY - ST - ZIP				6.3 STREET ADDRESS 6.4 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)(k). 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 directory of the corporation or the receiver or trustee empty end accurate 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:AURILLO A BUILL 4/23 790 6466						