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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V58139

(9)

1. Corporation Name

C.I.W., INC.

Principal Place of Business

4329 CHEVAL BLVD
SUITE 210
LUTZ FL 33549
US

Mailing Address

4329 CHEVAL BLVD
SUITE 210
LUTZ FL 33549-5328
US

3. Date Incorporated or Qualified

08/12/1992

3a. Date of Last Report

08/14/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 3804 CARROLLWOOD PLACE CIR.

Suite, Apt. #, etc.

22 #306

City & State

23 TAMPA, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 3804 CARROLLWOOD PLACE CIR.

Suite, Apt. #, etc.

27 #306

City & State

28 TAMPA, FL

Zip

29 33624

Country

30 USA

9. Name and Address of Current Registered Agent

PHILLIPS, GEORGE W.
14502 N. DALE MABRY
SUITE 200
TAMPA FL 33618

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
WAHLIN, CARL-IVAR
4329 CHEVAL BLVD.
LUTZ FL 33549

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ST
WAHLIN, MONA
4329 CHEVAL BLVD.
LUTZ FL 33549

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3804 CARROLLWOOD PLACE CIR. # 306

1.4 CITY-ST-ZIP

TAMPA, FL 33624

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3804 CARROLLWOOD PLACE CIR. # 306

2.4 CITY-ST-ZIP

TAMPA, FL 33624

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

[Signature] 08/12/1992 (PR) 9411021

CR2E034 (9/96)