

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90013 035 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002833**

1. Corporation Name
RWT HOLDINGS, INC.



Principal Place of Business
**591 REDWOOD HWY., STE. 3140
 MILL VALLEY CA 94941**

Mailing Address
**591 REDWOOD HWY., STE. 3140
 MILL VALLEY CA 94941**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1998

4. FEI Number
68-0406099

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. Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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	C	<input type="checkbox"/> DELETE
NAME	BULL, GEORGE E	
STREET ADDRESS	591 REDWOOD HWY., STE. 3140	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANSEN, DOUGLAS B	
STREET ADDRESS	591 REDWOOD HWY., STE. 3140	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RATH, VICKIE L	
STREET ADDRESS	591 REDWOOD HWY., STE. 3140	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICHOLAS, BRETT	
STREET ADDRESS	591 REDWOOD HWY., STE. 3140	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIRKIS, ANDY	
STREET ADDRESS	591 REDWOOD HWY., STE. 3140	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martin Hughes	
1.3 STREET ADDRESS	591 Redwood Hwy #3140	
1.4 CITY-ST-ZIP	Mill Valley, CA 94941	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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 in an attachment with an address.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (5/99)