

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J08488 (5)
1. Corporation Name
RWM ENTERPRISES, INC.



Principal Place of Business: **514 NEW HAMPSHIRE AVE, 380 W. ALFRED ST., TAVARES FL 32778 US**
Mailing Address: **P O BOX 1073, 380 W-ALFRED ST., TAVARES FL 32778 US**

3. Date incorporated or Qualified: **04/02/1986**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2682420**
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: **21 514 New Hampshire Avenue**
2a. Mailing Address: **26 P.O. Box 1073**
22. Suite, Apt. #, etc.:
23. City & State: **Tavares, FL**
24. Zip: **32778** 25. Country: **U.S.**
27. Suite, Apt. #, etc.:
28. City & State: **Tavares, FL**
29. Zip: **32778** 30. Country: **U.S.**

9. Name and Address of Current Registered Agent:
**SUMMERS, GARY L.
WILLIAMS SMITH & SUMMERS PA
380 W.ALFRED ST.
TAVARES FL 32778**

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's name is required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MOORE, ROBERT W.	
STREET ADDRESS	514 NEW HAMPSHIRE AVE.	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Robert W.	
1.3 STREET ADDRESS	514 New Hampshire Avenue	
1.4 CITY-ST-ZIP	Tavares, FL 32778	
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 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 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 I am a registered or unregistered agent with an address.

SIGNATURE: *Robert W. Moore* Robert W. Moore (352) 343-9352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)