


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00.**

**FILED**  
**Jun 18 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 # **V04670 (8)**  
 1. Corporation Name  
**LSW ENTERPRISES, INC.**  
**1996-1997 Annual Report**

TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1110 SATIN LEAF ST** **PO BOX 220138**  
**HOLLYWOOD, FL 33019** **HOLLYWOOD, FL**  
**33022-0138**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>1/3/92</b>	<b>2-13-96</b>
4. FLT Number	Applied For
<b>650306295</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JEFF WIENER**  
**1110 SATIN LEAF ST**  
**HOLLYWOOD, FL 33019**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEOM	<input type="checkbox"/> DELETE
NAME	WIENER, LORI	
STREET ADDRESS	1110 SATIN LEAF ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME	Wiener, Jeff	
STREET ADDRESS	1110 SATIN LEAF ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	<b>700002217607-0</b>
24	CITY-ST-ZIP	<b>-06/19/97-01106-020</b>
		<b>****200.00 ****165.00</b>
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	<b>700002217607-0</b>
34	CITY-ST-ZIP	<b>-06/19/97-01106-021</b>
		<b>****165.00 ****165.00</b>
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

*A. Alan*  
**6/18/97**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Jeff Wiener* **Jeff Wiener** **4-29-97** **954-925-3278**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

6/13/97

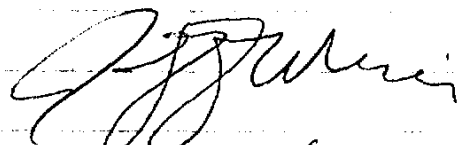
pg. 2072

TO: Amy Alan - Document Specialist  
From: Jeff Wiener - Pres. LSW Enterprises Inc.  
RE: Document V04670 1996 Annual Report

As per our conversation this letter is documenting that because of an address change I never received any notice of you not receiving my 1996 report, & check for \$200<sup>00</sup> which I believe is still somewhere out there. Although my bank account which it was written on was closed and zeroed out. Please reinstate my corporation A.S.A.P. enclosed find both 1996 & 1997 with checks for \$200 & \$165 respectfully.

Thank you for your cooperation and please update your records accordingly.

Sincerely,

  
President