

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED  
MAY 15 11 08 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **665472** (7)  
1. Corporation Name  
**NW ENTERPRISES, INC.**

Principal Place of Business: **16407 ASHWOOD DR. TAMPA FL 33624**  
Mailing Address: **16407 ASHWOOD DR. TAMPA FL 33624**

2. Principal Place of Business: **21**  
Mailing Address: **26**  
State, Apt. # etc: **22**  
City & State: **27**  
City & State: **23**  
City & State: **28**  
City & State: **29**  
City & State: **30**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/02/1980**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2003140**  
Applied For:  Applied For  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Has corporation been liable for ad valorem tax under Ch. 193, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WILDER, BRIAN V  
16407 ASHWOOD DR.  
TAMPA, FLORIDA  
33624**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 Sections 607.04(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	STD WILDER, BRIAN V 16407 ASHWOOD DR. TAMPA, FL 00000	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  33624
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, STATE, ZIP	PD NEUBERT, GARY 8308 LA SERENA TAMPA, FL 00000	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  33604
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, STATE, ZIP		29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP		37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.04(1)(b), Florida Statutes. I further certify that the information included on the 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 193, Florida Statutes, and that my name appears in Block 1 of the block of changes or as an attachment with an address.

SIGNATURE: *Brian V Wilder* *Brian V Wilder* s/s 5/12/95 813,258,1575  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTOR