

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J02571 (4)

1. Corporation Name
F & MAW, INC.



Principal Place of Business

1570 NW 47TH AVE
1570 NW 47TH AVE.
LAUDERHILL FL 33313
US

Mailing Address

1570 NW 47TH AVE
1570 N.W. 47TH AVE
LAUDERHILL FL 33313
US

2. Principal Place of Business

2a. Mailing Address

21 1570 N.W. 47 ave

26 1570 N.W. 47 ave

22 Lauderhill,

27 Suite, Apt. #, etc.

23 FL

28 Lauderhill, FL

24 33313

25 Broward

29 33313

30 Broward

9. Name and Address of Current Registered Agent

WILLIAMS, MARY ANNE
1570 NORTHWEST 47TH AVE
LAUDERHILL FL 33313

3. Date Incorporated or Qualified
03/06/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2652542

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WILLIAMS, FRANK, SR.
STREET ADDRESS 1570 N.W. 47TH AVE
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition

TITLE VST
NAME WILLIAMS, MARY ANNE
STREET ADDRESS 1570 N.W. 47TH AVE
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, MARY ANNE
STREET ADDRESS 1570 N.W. 47TH AVE
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Mary Anne Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

Daytime Phone #

CR2E034 (12/95)