

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K03549** (8)

1. Corporation Name

JWS INTIMATES, INC.



Principal Place of Business

**3601 N. 29 AVE.
HOLLYWOOD FL 33020
US**

Mailing Address

**3601 N. 29 AVE.
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**WOLFSON, JOEL
3812 N. 29 AVE.
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

11/24/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0014604

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

Wolfson, Joel

82

Street Address (P.O. Box Number is Not Acceptable)

3601 N. 29 Ave.

83

84

City

Hollywood

FL

85

Zip Code

33020

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 of person performing duty, person designated as alternate

Signature of Registered Agent, person designated as alternate

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

STEINER, WALTER

STREET ADDRESS

18181 NE 31 CT.

CITY-ST-ZIP

N MIAMI BCH. FL

TITLE

V

☐ DELETE

NAME

WOLFSON, JOEL

STREET ADDRESS

3933 NW 72 DR.

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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 or person 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:

Joel Wolfson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP.

2/28/96

954-927-1060
Daytime Phone

CR2E034 (12/95)