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Jan 27 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 # K30626

(1)

1. Corporation Name

WWW ENTERPRISES, INC.



Principal Place of Business

30501 S FED HWY
30501 S. FEDERAL HWY
HOMESTEAD FL 33030
US

Mailing Address

C/O CANAVES, JOE
30501 S. FEDERAL HWY
HOMESTEAD FL 33030-5011
US

2. Principal Place of Business

21 1395-1 N. Homestead Blvd

Suite, Apt. #, etc.

22 City & State
Homestead FL

23 Zip
33030

24 Country
USA

2a. Mailing Address

26 1395-1 N. Homestead Blvd

Suite, Apt. #, etc.

27 City & State
Homestead FL

28 Zip
33030

29 Country
USA

3. Date Incorporated or Qualified

08/10/1988

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0067606

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

9. Name and Address of Current Registered Agent

CANAVES, JOE
30501 S. FEDERAL HWY
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name John M. Nestor

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

7250 N. Kendall Dr.

83

84 City Miami

85 FL

86 Zip Code 33156

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	WILLIAMSON, GEORGE E., II	7250 N. KENDALL DR	MIAMI FL	<input type="checkbox"/>
VSTD	WILLIAMSON, THOMAS W.	7250 N. KENDALL DR	MIAMI FL	<input type="checkbox"/>
SD	NESTOR, JOHN M.	7250 N. KENDALL DR.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)