Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90015 008 ***150.00

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

PROFIT ---CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037920 1. Corporation Name F.W.G., INC.											
Principal Place of Business Mailing Address							r immilians ma ri			****** ***********************	ngti 49 11 1 98 1
11420 FORTUNE	F CIRCLE	11420 FORTUNE CIR						•			
STE 1-24		SUITE 1-24									
WELLINGTON F	L 33414	WELLINGTON FL 33414				ļ			ITE IN THIS	SPACE	
US		U\$ 				3. Date Incorporated or Qualifed 05/16/1994					
2. Principal Pl	ace of Business	2a. Mailing Address					El Number			· Ap	plied For
21 4		26				6	<u> 55-0493003 </u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. C	Certifcate of State	us Desired		\$8.75 A Fee Re	1
City & State	9	City & State				lection Campaig			\$5.00 Added to	·	
Zip	Country	Zip	Zip Country			8. T	his corporation	owes the cur	rent year Int	angible	
24	25 29 30						ersonal Propert			☐ Yes	□No
	9. Name and Address of Current		B1 (10. N	lame and Addr	ess of New	Registered	Agent		
					Name		•				
1142	RY, SHARON L 10 FORTUNE CIRCLE		1	32	Street Addres	ess (P.C	ss (P.O. Box Number is Not Acceptable)				
STE			83				V-1911	li strije,			
WES		84 City					4 . 1-819 1-14. 		85 Zip C	ode	
					City				FL	65 Zip C	,,,,,,,
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 plot if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											registered gistered
12.	OFFICERS AND		13.	١,١٠٠	g.rano. u roquii du 1		DITIONS/CHAP	NGES:TO O		ID DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TFTL	E			77 3762 71			- ☐ Change	
NAME	WITRY, CATHERINE A		1.2 NAM								
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP				/-ST-							ļ
TITLE	D	☐ DELETE	2.1 TITL	_						☐ Change	☐ Addition
NAME	_		2.2 NAM								1
STREET ADDRESS	11420 FORTUNE CIR I-24		1		ADDRESS						
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			•				
TITLE	.D	☐ DELETE	3.1 TITL						·	Change	☐ Addition
NAME	WITRY, JOSEPH D		3.2 NAM	Æ			,				
STREET ADDRESS			3.3 STR	EET	ADDRESS		d., . i.	ger , t	Alt Design		1958 St. 188
CITY-ST-ZIP	WELLINGTON FL		3 4. CIT								
TITLE		☐ DELETE	4.1 TITL					* · * 3. *. 3	F (* jg	Change	Addition
NAME			4. 2 NA	ME							
STREET ADDRESS	-		4.3 STR	EET,	ADDRESS					•	
CITY-ST-ZIP			4 4 CIT	/-ST-	-ZIP			ه			
TITLE		☐ DELETÉ	5.1 TITL	E				: :		Change	☐ Addition
NAME			5.2 NAM	Æ						•	
STREET ADDRESS			5.3 STR	EET	ADDRESS						
CITY-ST-ZIP	11		5.4 CITY		r-ZIP						
TITLE	16.	☐ DELETE	6.1 TITL				,			☐ Change	Addition (
NAME			6.2 NAN	AE.							1

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #