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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

P94000076412 (3) **DOCUMENT #**

W. W. ENTERPRISES, INC.



Principal Place of Business Maling Address								
9875 NW 16 STREET 9875 NW 16 STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071								
33.12 (3.11.10)					3. Date Incorporated or Qualified 10/18/1994		of Last Re 10/16/19	
	I Fl	2a. Mailing Address			4. FEI Number 45 -6/8			Applied For
2. Principal Place of Business		<u>⊢</u> −1	26					Not Applicable
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Suite, Apt. #, etc.		\$8.75 Ac		Additional	
		27			5. Certificate of Status Desired		Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing	רח		0 May Be
		28	and the commence of the commen		Trust Fund Contribution			d to Fees
Zip	Country	∠ıp	Country	1	8. This corporation has liability for		ix under s	199.032,
24	25	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
<u></u>	9. Name and Address of Cur	rent Registered Agent	81	Name	To. Name and Address of New			
				'				
	KA, PATRICIA		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
	W 16 STREET		83					
COHAL	SPRINGS FL 33071						7 - 1 -	
			84	City		FL	85 Zi	p Code
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12.		AND DIRECTORS	13. 1 1 HILE		ADDITIONS/CHANGES TO C	**************************************	Change	Addition
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NAME CIRCLI ADDRESS	9875 NW 16 STREET			T ADDRESS				
STREET ADDRESS	CORAL SPRINGS FL 33	071	1 4 C1TY					
CITY - ST - ZIF		D DELETE					Change	Add tion
NAME	WENTZKA, DAVID A	-		:				
STREET ADORESS	9875 NW 16 STREET		2 3 STRE	F ADORESS				
CITY-ST ZIP	CORAL SPRINGS FL 33	071	2.4 CiTy	S1 - 20P				
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NAME			6.2 NAM		-06/17/960	1054U	20	5/,
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CITY ST 7ID			6.4 CiTY	- ST - ZIP				,

14. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not quarry 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 if y signature shall have the same legal effect as it made under eath; 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 13 if changes, or on an attachment with an address.

SIGNATURE: LATER AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR