03-05-1999 90007 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000078397**1. Corporation Name

PJW ENTERPRISES, INC.

Principal Place of Business Mailing Address							MANI ODNIK BOGAL OBSI		
319 3W 14 AVE		210 N UNIVERSITY DR	10 N UNIVERSITY DR			•			
SUITE 502		SUITE 502				DO NOT WRITE IN THIS SPACE			
POMPANO BEACH FL 33069 CORAL SPRINGS FL 3307						3. Date Incorporated or Qualifed			
US					ļ	10/25/1994	JIII 00		
2 Principal P	tace of Business	2a. Mailing Address				4. FEI Number	•••	Ар	plied For
21 210 UNIVERSITY OR 26						65-0529337		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desi	red	\$8.75	Additional
22 STC 502 27						5. Certificate of Status Desi		Fee Re	quired
City & State						Election Campaign Final	ncing 🖂	\$5.00	
23 Coral SPRINGS TU 28			Country			Trust Fund Contribution		Added t	o Fees
Zip Country Zip 29 29			Country *			This corporation owes the Personal Property Tax.	e current year is	ntangible Yes	⊠No
24 330	9. Name and Address of Curre		0			10. Name and Address of	New Registere		y 5.10
	g. Hame and Address of Odire	ne regional ou rigoni	81	Nam	e			<u></u>	
WES	SENDORF, PAUL		82	Chro	ot Addros	ss (P.O. Box Number is Not A	contable)		
210 N UNIVERSITY DR			02	Sue	n Addres	SS (F.O. DOX NUMBER IS NOT A	cceptable)		
SUITE 502			83						
COR	IAL SPRINGS FL 33071		84	City				. 85 Zip (Code
				1			F		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statutes	s, the above horized by	e-name the co	ed corpor	ation submits this statement for is board of directors. I hereby	or the purpose of accept the app	of changing its ointment as re	registered gistered
agent. 1 a	m familiar with, and accept the oblig	ations of, Section 607.0505, Floric	la Statutes	i.		• • • • • • • • • • • • • • • • • • •			_
SIGNATURE		WOTE 5		4 -14		vhen reinstating)	DATE		
42	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: R	13.	it signatu	e required w	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
TITLE	DPTS	☐ DELETE	1.1 TITLE					Change	Addition
NAME	WESSENDORF, PAUL		1.2 NAME					•	
STREET ADDRESS	319 SW 14 AVE		1.3 STREE	T ADDRES	ss				
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-S	T-ZiP					
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE		is				
CITY-ST-ZIP		- Decem	2. 4 CITY-5	ST- ZIP	+-	<u> </u>		☐ Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE					Onlange	
NAME			3.2 NAME	T AODDE					
STREET ADDRESS			3.3 STREE 3.4. CITY-5		23				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31.71	+			Change	Addition
NAME		_	4, 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		ss				
CITY-ST-ZIP			54 CITY-S	T-ZIP				Chares	☐ Addition
TITLE		☐ DELETÉ	61 TITLE					Change	☐ ¥00iii0n
NAME			6.2 NAME 6.3 STREE	T ANNOE	22				
CTDEET ADDDESS									

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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP