

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090178 (2)

1. Corporation Name

FLW ENTERPRISES, INC.

Principal Place of Business

**4200 CREEK WOODS LANE
MULBERRY FL 33860**

Mailing Address

**4200 CREEK WOODS LANE
MULBERRY FL 33860**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1994

4. FEI Number

59-3280510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 190.022,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASSERSUG, FAITH
4200 CREEK WOODS LANE
MULBERRY FL 33860**

81. Name

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

83.

84. City

FL

85. Zip Code

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 the applicable

(If 11) Registered Agent signature required when transferring

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WASSERSUG, FAITH
STREET ADDRESS	4200 CREEK WOODS LANE
CITY, ST, ZIP	MULBERRY FL 33860
TITLE	V
NAME	WASSERSUG, STEPHEN R
STREET ADDRESS	% 4200 CREEK WOODS LANE
CITY, ST, ZIP	MULBERRY FL 33860
TITLE	S
NAME	WASSERSUG, MARK
STREET ADDRESS	% 4200 CREEK WOODS LANE
CITY, ST, ZIP	MULBERRY FL 33860
TITLE	T
NAME	WASSERSUG, KURT
STREET ADDRESS	% 4200 CREEK WOODS LANE
CITY, ST, ZIP	MULBERRY FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 included 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:

Faith Wassersug

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

FAITH WASSERSUG

4/1/95

813-425-4035