FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000090178 (2)**

1. Corporation Name

FLW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4200 CREEK WOODS LANE MULBERRY FL 33860	4200 CREEK WOODS LANE MULBERRY FL 33860

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-3280510** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 170 OCEAN LANE BLVD	26 170 OCEAN LANE BLVD
22 Suite, Apt. #, etc. # 809	27 Suite, Apt. #, etc. # 809
23 City & State KEY BISCAYNE, FL.	28 City & State KEY BISCAYNE, FLA.
24 Zip 33149 25 Country DADE	29 Zip 33149 30 Country DADE

9. Name and Address of Current Registered Agent

WASSERSUG, FAITH
4200 CREEK WOODS LANE
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name: GERTRUDE LEAVITT
82 Street Address (P.O. Box Number is Not Acceptable): 170 OCEAN LANE BLVD # 809
83
84 City: KEY BISCAYNE FL 85 Zip Code: 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: GERTRUDE LEAVITT, GertrudeLeavitt DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	WASSERSUG, FAITH		1 2 NAME	
STREET ADDRESS	4200 CREEK WOODS LANE		1 3 STREET ADDRESS	414 N PITT ST
CITY ST ZIP	MULBERRY FL 33860		1 4 CITY ST ZIP	ALEXANDRIA, VA. 22314
2 TITLE	V	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	WASSERSUG, STEPHEN R		2 2 NAME	
STREET ADDRESS	% 4200 CREEK WOODS LANE		2 3 STREET ADDRESS	414 N PITT ST.
CITY ST ZIP	MULBERRY FL 33860		2 4 CITY ST ZIP	ALEXANDRIA, VA. 22314
3 TITLE	S	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	WASSERSUG, MARK		3 2 NAME	
STREET ADDRESS	% 4200 CREEK WOODS LANE		3 3 STREET ADDRESS	1019 BROOKHAVEN
CITY ST ZIP	MULBERRY FL 33860		3 4 CITY ST ZIP	ATLANTA, GA
4 TITLE	T	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	WASSERSUG, KURT		4 2 NAME	
STREET ADDRESS	% 4200 CREEK WOODS LANE		4 3 STREET ADDRESS	35 CHELMSFORD CT
CITY ST ZIP	MULBERRY FL 33860		4 4 CITY ST ZIP	MARLTON, N.J 08053
5 TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY ST ZIP			5 4 CITY ST ZIP	
6 TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY ST ZIP			6 4 CITY ST ZIP	

CR2E034 (12/95)

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)(k), 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: Faith Wasserug FAITH WASSERSUG 1/31/96 703-750-6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #