

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

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P94000090178 (2)

1. Corporation Name
FLW ENTERPRISES, INC.

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| Principal Place of Business 170 OCEAN LANE BLVD. #809 KEY BISCAYNE FL 33149 US | Mailing Address 170 OCEAN LANE BLVD. #809 KEY BISCAYNE FL 33149 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 9431 SUNSET HARBOR LN. Suite, Apt. #, etc. 22 SUITE 152 City & State 23 FT. MYERS, FLA. Zip 24 33919 | | 2a. Mailing Address 26 9431 SUNSET HARBOR LN. Suite, Apt. #, etc. 27 SUITE 152 City & State 28 FT. MYERS, FLA. Zip 29 33919 | | 3. Date Incorporated or Qualified 12/13/1994 | |
| Country 25 USA | | Country 30 USA | | 4. FEI Number 59-3280510 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent LEAVITT, GERTRUDE 170 OCEAN LANE BLVD., #809 KEY BISCAYNE FL 33149 | | | | 10. Name and Address of New Registered Agent 81 Name FAITH WASSERSUG 82 Street Address (P.O. Box Number is Not Acceptable) 9431 SUNSET HARBOR LN. #152 83 84 City FT. MYERS, FLA. FL 85 Zip Code 33919 | | | |
|---|--|--|--|---|--|--|--|

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 Faith Wassersug FAITH WASSERSUG 1/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|--|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASSERSUG, FAITH | | | 1.2 NAME | | | |
| STREET ADDRESS | 414 N. PITT ST. 9431 SUNSET HARBOR LN. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ALEXANDRIA VA FT. MYERS, FLA. 33919 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASSERSUG, STEPHEN R | | | 2.2 NAME | | | |
| STREET ADDRESS | 414 N. PITT ST. 9431 SUNSET HARBOR LN. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ALEXANDRIA VA FT. MYERS, FLA. 33919 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASSERSUG, MARK | | | 3.2 NAME | | | |
| STREET ADDRESS | 1040 BROOKHAVEN 903 OGLETHORPE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ATLANTA GA | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASSERSUG, KURT | | | 4.2 NAME | | | |
| STREET ADDRESS | 85 CHELMSFORD CT. 1004 MT. VERNON CT. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MARLTON NJ 08053 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 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.

SIGNATURE: Faith Wassersug REQUIRED 1/21/98 941-487-1647

CR2E034 (10/97)