SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P94000090178 DOCUMENT #

FLW ENTERPRISES, INC.

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90014 014 ***550.00

587386 - 90014 - 14

		sa Wara Addangs		(1987)	
Principal Pla	ice of Business	Mailing Address	•		
9431 SUNSET HARBOR LN		9431 SUNSET HARBOR LN		(
SUITE 152		SUITE 152 FT MYERS FL 33919		DO NOT WRITE IN THIS SPACE	
FT MYERS FL 33919 US		US		3. Date Incorporated or Qualified	
03		,		12/13/1994	
		2a. Mailing Address		4. FEI Number	Applied For
	Place of Business		HAVEUS RD	59-3280510	Not Applicable
	odo fair havens RD	Suite, Apt. #, etc.	. <u>////////////////////////////////////</u>		\$8.75 Additional
Suite, Ap	ot. #, etc.	 		5. Certificate of Status Desired	Fee Required
22		City'& State		6. Election Campaign Financing	\$5.00 May Be
City & S		TO MALLOCC	E1	Trust Fund Contribution	Added to Fees
	MYERS, FL	Zip Zip	Country	8. This corporation owes the current year	
Zip 🗩	3908 25 USA	→ a 20 a 6	ฐี ÚSA	Intangible Personal Property.	Yes No
24 5	3908 25 USA		301 3011	10. Name and Address of New Registers	d Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
MA COSTOLIO SATU					
82 St				PSS (P.O. Box Number is Not Acceptable) FAIR HAVENS RD.	·
1			14620	PHIR HAVENS NO.	
1	SUITE 152	•	63		
\ •	T MYERS FL 33919		84 City		85 Zip Code
				MYERS F	
11. Pursu	ant to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpor	ation submits this statement for the purpose of	changing its registered
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.					
agent	. I am familiar with, and accept the obliga	IIONS OI, SOCIION OUT TOUGHT I			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	(P	DELETE	1.1 TITLE		Change Addition
NAME	WASSERSUG, FAITH		1.2 NAME		- -
1	0404 CUNICET HADDOD IM		1.3 STREET ADDRESS	4620 FAIR HAVENS 1	אַט
STREET ADDRE	FT MYERS FL 33919		1,4 CITY-ST-ZIP	T. MYERS, FL. 3390	8
CITY-ST-ZIP	11 11/12/10 12 00010	DELETE	2.1 TITLE		Change Addition
TITLE	WASSERSUG, STEPHEN R		2.2 NAME		
NAME	MANA CUNICET HADDOD IN		2.3 STREET ADDRESS	4620 FAIR HAVENS	, RD.
STREET ADDRE	ss 9431 SUNSET HARBOR LN			C 1450 E 28	ــــــــــــــــــــــــــــــــــــــ
5117-51-ZIP	S		24 (117-51-24)	7: 11/2/05, 1 C. 00/	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	WASSERSUG, MARK		3.2 NAME		
STREET ADDRESS	903 OGLETHORPE		3.3 STREET ADORESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE		Ĺ DELETĒ	4.1 TITLE		Change Addition
NAME	WASSERSUG, KURT		4.2 NAME		
STREET ADDRESS	1004 MT VERNON CT	•	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARLTON NJ 08053		4.4 CITY-ST-ZIP		
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		
TITLE		DELETE	6.1 TITLE		Change Addition
VAME		—] bere≀e	6.2 NAME		Shango Addition
STREET ADDRESS	,		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I necessy certary 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:

AITH WASSERSUG 7/9/99