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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90092 049 \*\*\*150.00

Change

Change

☐ Addition

☐ Addition

DOCUI 1. Corporation FRW INC		00093351					
Principal Place	of Business	Mailing Address	Mailing Address			E 100 STORE LEIN SESSE MOTEL BOSSE OPEN OPEN DENN ANNA FREND STORE BEIDE FEIR STORE FREND FREN	
801 S. FEDERAL HIGHWAY		801 S. FEDERAL HIG	801 S. FEDERAL HIGHWAY				
UNIT 410		UNIT 410				DO NOT WRITE IN THIS SPACE	
POMPANO BEA	POMPANO BEACH FL	PANO BEACH FL 33062					
}						3. Date Incorporated or Qualifed 01/01/1995	_
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	4
21		26				65-0547605 Not Applicable	$\dashv$
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional	= :
22			27				$\dashv$
City & State	<b>.</b>	28 City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip	Zip Coun			8. This corporation owes the current year Intangible	1
24	25 29 30					Personal Property Tax.	4
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registered Agent	4
WIENER, FAYE 801 S. FEDERAL HIGHWAY UNIT 410 POMPANO BEACH FL 33062				82 83 84	3		
Affica or r	to the provisions of Sections 607 egistered agent, or both, in the Si m familiar with, and accept the of	tate of Florida. Such change volligations of, Section 607.050	was authoriz 5, Florida St	ed by atutes	tne corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
12.			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┚	
TITLE			TITLE	<u> </u>	☐ Change ☐ Addition	л	
NAME	WIENER, FAYE		NAME				
STREET ADDRESS	AND O FEDERAL HIGHWAY LIMIT 440			STREE	TADORESS		1
CITY-ST-ZIP POMPANO BEACH FL 33062			1.4	1.4 CITY-ST-ZIP			╛
TITLE	DELETE			2.1 TITLE		☐ Change ☐ Addition	ı]
NAME			23	2.2 NAME			ł
STREET ADDRESS	ESS			2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			_]_
TITLE	U DELÉTE			3.1 TITLE		☐ Change ☐ Addition	٦,
· '	NAME		3.2	3.2 NAME			1
STREET ADDRESS			3.3	3.3 STREET ADDRESS			
one contract				3.4. CITY-ST-ZiP			
5/// 5// 5//			I.1 TITLE		Change Addition	٦	
NAME	,		4.	2 NAME	ì		
STREET ADDRESS			4.3	STREE	T ADDRESS		

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 laddress, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ICER OR DIRECTOR