

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080772 (3)

1. Corporation Name

F.W. SERVICE, INC.



Principal Place of Business

Mailing Address

767 S.E. 17TH ST., SUITE 434
FT. LAUDERDALE FL 33316

757 S.E. 17TH ST., SUITE 434
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 1323 S.E. 17th St.

26 2200 Old Germantown Rd.

4. FEI Number
65-0636053

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 Suite # 143

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Ft. Lauderdale, FL

28 Delray Beach, FL

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24 33316

25 U.S.

29 33445

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, WARREN D SR.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 of the person making the registration (If Agent and Not Applicable)

(If 21b Registered Agent separate required when entered on page)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME D
STREET ADDRESS FUENTE, DAVID I
CITY-ST-ZIP 2200 OLD GERMANTOWN RD.
DELRAY BEACH FL 33445

12 NAME
13 STREET ADDRESS 2200 Old Germantown Rd.

TITLE ☒ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

NAME D
STREET ADDRESS WEINER, EDWARD G
CITY-ST-ZIP 296 CLAYTON ST.
LAWRENCEVILLE GA 30245

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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 19.07(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 617, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address.

SIGNATURE:

David I. Fuente

DAVID I. FUENTE

8/6/96

561/265-4231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)