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

Mailing Address

2200 OLD GERMANTOWN RD

DELRAY BEACH 33 33445

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000080772**1. Corporation Name

Principal Place of Business

FT LAUDERDALE FL 33316

1323 S.E. 17TH ST.

SUITE #143

F.W. SERVICE, INC.

| US | | | | | 3. Date Incorporated or Qualifed | | |
|---|---|---------------------|--|--|---|---|--|
| | | | | | 10/19/1995 | | |
| 2. Principal Place of Business | | 2a. Mailing Addre | 2a. Mailing Address | | 4, FEI Number | Applied For | |
| 21 | | 26 | 26 | | 65-0636053 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country Zip | | Col | Country 8. This corporation owes the current year Intangible | | gible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ¶Yes □No | |
| 271 | 9. Name and Address of Curren | | | | 10. Name and Address of New Registered Ag | ent | |
| | | | | 81 Name | | | |
| HAY | es, warren d Sr. | | | | Address /D.O. Boy Number is Not Assentable) | | |
| 321 ROYAL POINCIANA PLAZA | | | 82 Street | | Address (P.O. Box Number is Not Acceptable) | | |
| PALM BEACH FL 33480 | | | 83 | | | | |
| , , , | W PE (01) E 00 100 | | | 00 | | | |
| | • | | | 84 City | FL | 85 Zip Code | |
| garas a garag | . 93 | | | | | | |
| 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, typed or printed name of registered age | | | ed Agent signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 | |
| 12. | | ID DIRECTORS | 13. ELETE 1.1 T | | | Change Addition | |
| TITLE | D | , Li Di | | TITLE | ' | | |
| NAME | FUENTE, DAVID I | , | 1.2 N | NAME | | | |
| STREET ADDRESS | 2200 OLD GERMANTOWN RD. | | 1.3 \$ | STREET ADDRESS | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 0 | CITY-ST-ZIP | | | |
| TITLE | | □ Di | ELETE 2.1 T | TITLE | | Change Addition | |
| NAME | | • | 2.2 N | NAME | | | |
| STREET ADDRESS | • | • | 2.3 9 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | ě | 2.4 | CITY-ST-ZIP | | | |
| TITLE | | □ Di | | TITLE | | ☐ Change ☐ Addition | |
| NAME | fig. 18 All St. | | 3.2 N | NAME | | | |
| STREET ADDRESS | | | 335 | STREET ADDRESS | | | |
| | 1. Programme 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | i i | CITY-ST-ZIP | • | | |
| CITY-ST-ZIP | | [] N | | TITLE | | Change Addition | |
| TITLE | | | | | | _ ' ' _ | |
| | | | | | ' | | |
| NAME | , | | | NAME | | | |
| STREET ADORESS | , | | 4.3 8 | NAME STREET ADDRESS | | : | |
| | | | 4.3 S 4.4 C | NAME STREET ADDRESS CITY-ST-ZIP | | Change [] Addition | |
| STREET ADORESS | , | ☐ DI | 4.3 S 4.4 C ELETE 5.1 T | NAME STREET ADDRESS CITY- ST- ZIP | | Change Addition | |
| STREET ADORESS CITY-ST-ZIP | , | ☐ DI | 4.3 S 4.4 C ELETE 5.1 T 5.2 N | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | Change Addition | |
| STREET ADORESS CITY-ST-ZIP TITLE | | ☐ DI | 4.3 S 4.4 C ELETE 5.1 T 5.2 N | NAME STREET ADDRESS CITY- ST- ZIP | | Change Addition | |
| STREET ADORESS CITY- ST- ZIP TITLE NAME STREET ADDRESS | | ☐ DI | 4.3 \$ 4.4 GELETE 5.1 T 5.2 N 5.3 S | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | |
| STREET ADDRESS CITY- ST- ZIP TITLE NAME | | | 4.3 \$ 4.4 GELETE 5.11 5.2 P 5.3 \$ 5.4 GELETE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ Change ☐ Addition ☐ Change ☐ Addition | |

6.3 STREET ADDRESS

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 suppliemental 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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URE REQUIRED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-23-1999 90031 024 ***150.00

CR2E034 (11/98)