

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90096 005 \*\*\*150.00

0073963

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000024212**

1. Corporation Name  
**FWT ENTERPRISES, INC.**

Principal Place of Business  
**407 NORTH HIGHWAY 17-92  
 LONGWOOD FL 32750**

Mailing Address  
**407 NORTH HIGHWAY 17-92  
 LONGWOOD FL 32750**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1998**

21 Principal Place of Business

26 Mailing Address

4. FEI Number  
**59-3501887**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**846 LAKEWORTH CIR**

Suite, Apt. #, etc.  
**846 LAKEWORTH CIR**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State  
**HEATHROW FL.**

City & State  
**HEATHROW FL.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country  
**32746 USA**

Zip Country  
**32746 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, RHONDA K  
 407 NORTH HIGHWAY 17-92  
 LONGWOOD FL 32750**

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]* DATE **4-30-99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>TURNER, RHONDA K</b>
STREET ADDRESS	<b>407 NORTH HIGHWAY 17-92</b> CHANGE
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RHONDA K. TURNER</b>
1.3 STREET ADDRESS	<b>846 LAKEWORTH CIR</b>
1.4 CITY-ST-ZIP	<b>HEATHROW FL. 32746</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4-30-99** DAYTIME PHONE # **(407) 333-9474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

CR2E034 (1/98)