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PROFIT CORPORATION ANNUAL REPORT



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P98000036828

1. Corporation Name

JW ENTERPRISES, INC.

Mailing Address Principal Place of Business 4971 SW 34 PLACE 4971 SW 34 PLACE DAVIE FL 33314 DAVIE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/23/1998 Applied For 4 FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust:Eund:Contribution... 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip ίχνο 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WAREHAM, CATHERINE 82 Street Address (P.O. Box Number is Not Acceptable) 4971 SW 34 PLACE DAVIE FL 33314 83 85 Zip Code 84 City 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE WAREHAM, JOHN 1.2 NAME NAME 4971 SW 34 PLACE 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33314 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE WAREHAM, CATHERINE 22 NAME NAME 4971 SW 34 PLACE 2.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33314** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DÉLETÉ 6.1 T/TLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CITY-ST-ZIP