## 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

## DOCUMENT # P98000099861

1. Corporation Name

CITY-ST-ZIP

F.W.H. ENTERPRISES, INC.

,												
Principal Place of Business	<u> </u>	Mailing	Address				$\neg$	E IMMITMAL DEM ENGEN	1811   <b>18</b> 11   <b>18</b> 11   <b>1</b>	0111 BBIRE 181	IN 19101 (91)	I BUIDI UBI 1881
7215 W. RIVERBEND RD.		7215 W. F	RIVERBEND RD.									
DUNNELLON FL 34433 DUNNELLON FL 34433							1	D.C	NOT WRITE	IN TUIC	SDACE	
							-	3. Date Incorporated		IN IMIS	DEACE_	
									o Qualiteu			
2 Principal Place of Principal		2a Mail	ing Address				-+	11/23/1998 4. FEI Number			1 1 2	Applied For
2. Principal Place of Busine	33	26 Mair	ing Address					59-3543	981			Not Applicable
Suite, Apt. #, etc.			e, Apt. #, etc.				-+			_		Additional
22		27		-			-r .	5. Certificate of Status	Desired			Required _
City & State		<del></del>	& State					6. Election Campaign	Financing	П	\$5.0	May Be
23		28						Trust Fund Contrib	ution			d to Fees
Zip	Country	Zip		Cc	untry			8. This corporation ov	ves the currer	nt year Inta	ngible	
24 2		29		30				Personal Property			☐ Yes	No
9. Name a	nd Address of Current	Registered	l Agent		-	<b>A</b> 1.		10. Name and Addres	s of New Re	gistered A	gent	
HUDAN ANITA I					81	Name						
HORAN, ANITA L 7215 W. RIVERBE					Street Ad	dress	ress (P.O. Box Number is Not Acceptable)					
DUNNELLON FL 3		-										
DOMNELLON FE S	7750				83							
i i					84	City				E I	85 Zi	o Code
11. Pursuant to the provision		1007.15			<u> </u>			tion autority this states	need for the n	FL	hanging i	te registered
office or registered age	nt, or both, in the State on, and accept the obligation	if Florida Su	ich change was a	えいけたののフィ	รด ทง เ	ina comora	ation's	board of directors. I h	ereby accept	the appoin	tment as	registered
SIGNATURE	nela L. I	lora.	M				(111/	ITA L. HON	CHW		4/91	199
Signature, typec-o		and title if annile	ALC:	C. Ongistas	ad Accept	eignature regu	rizad wh		<del> </del>	DATE		
	printed name of registered agent					t signature requ	uired wh	nen reinstating)		DATE CERS AN	D DIRECT	TORS IN 12
12.	OFFICERS AND			13		t signature requ	uired wh				D DIRECT	
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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 truetee 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, er or an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90046 049 \*\*\*150.00