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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S06294**

1. Corporation Name

JWF EN	IERPRISES, INC.				
Principal Place	e of Business	Mailing Address			liði #1864 Bigit giðit #1912 bigit giðit liður
1323 SE 17TH	STREET	1 RIVER PLAZA			
STE. 645		BOX 350641			IN THE CRACE
· · · · · · · · · · · · · · · · · · ·		FT LAUDERDALE FL 33335		DO NOT WRITE	IN THIS SPACE
US		US		3. Date Incorporated or Qualifed	
		1 a 84-9: Add		10/04/1990 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address 26 / 3 2 3 SE	コナカベトマーナ	65-0220109	Not Applicable
21	#	26 / 3 × 3 ⊃ €	1 1 37166	00 0220 109	\$8.75 Additional
Suite, Apt.	#, etc	27 6 45		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	1 1). ~.	6. Election Campaign Financing	\$5.00 May Be
23		28 FONT LAUC	Erela/6 FL	Trust Fund Contribution	Added to Fees
Zip	Country	Žip –	Country	8. This corporation owes the current	
24	25	29 33316 3	o USA	Personal Property Tax.	PYes □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	istered Agent
FFD	OLICON TOURS W		81 Name		
FERGUSON, JOHN W. 1323 SE 17TH STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable	9)
STE. 645			83	<u> </u>	
FT. LAUDERDALE FL 33316					RE Zin Code
			84 City		FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	la Statutes. egistered Agent signature require	on's board of directors. I hereby accept to	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	FERGUSON, JOHN W.		1.2 NAME		
STREET ADDRESS	1323 Se 17th Street, Ste.	. 645	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		CT CT LUT
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	والمحادث للمارية المحافظ المجيد مين الأرامير	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		TO A LIVE
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 tree 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 of powered 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

03-03-1999 90043 006 ***150.00

Mar 03, 1999 8:00 am Secretary of State