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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63835

(5)

FWC EN	ITERPRISES, INC.							
Principal Plac 312 6TH AVEN INDIAN ROCKS		312 6TH AVENUE	Mailing Address 312 6TH AVENUE INDIAN ROCKS BEACH FL 33785-2550			T TOOK BUILD BUILD RIVE THE STATE SHOUL SHOULDEN	OTON OTDA OFEIN BIBAF O	HB11 01011 1801
						3. Date Incorporated or Qualified 09/11/1992	3a. Date of Las 08/20/1996	
	lace of Business	-	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt. #, etc.		Suite Ant #	Suite, Apt. #, etc.			59-3142360 Not Applicable \$8.75 Additional		
22		27				5. Certificate of Status Desired		Required
City & Stat	6	City & State	City & State			Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	30	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<u></u>	9. Name and Address of Cur			<u>, </u>		10. Name and Address of New Re		
	SON, PAUL A.			81	Name			
	6TH AVENUE			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
INU	AN ROCKS BEACH FL 34635			83				
						48416		
				84	City		FL 85 Z	lip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.1 registered agent or both, in the St im familiar with, and accept the ob-	0502 and 607.1508, Florid ate of Flurida. Such chan Sigations of, Section 607.	da Statutes, ge was autl 0505, Floric	the above horized by la Statutes	e-named cor the corpora	poration submits this statement for the patients board of directors. I hereby acception's	ourpose of changin of the appointment	g its registered as registered
SIGNATURE	Signature typed or proted name of registere:	I amont and tos if amelicants	(NOTE B	Registered Age	ol sionalure regi	ired when reinstaling)	DATE	~
12.		AND DIRECTORS	, , , , , , , , , , , , , , , , , , ,	13.	na digitata e requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
1-TLF	D	☐ De	LETE	1.1 TITLE			Chang	ge Addition
NAME	LARSON, PAUL A. 312 6TH AVENUE			1.2 NAME				
STREET ADDRESS	INDIAN ROCKS BCH FL			1.3 STREET				
CHTY-ST-ZIP TITLE	INDIAN NOONO DONTE	Df.	TETE	1.4 OTY-ST 2.1 TITLE	T - ZiP		☐ Chang	ge Addition
NAME				2.2 NAME				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP		.,,		2. 4 CITY - S	7 · ZIP			
TITLE		D6	LETE	3.1 TITLE			Chang	ge
NAME				3.2 NAME	.=			
STREET ADDRESS CITY-ST-ZIP				3.3 STREET 3.4. CITY - S	l			
TillE		DE	LETE	4.1 TITLE	11-21F		☐ Chang	ge Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	address			
CITY-ST-ZIF	THE THE SECOND S		(FIF	4.4 CITY-S	T-ZIP			
TITLE		L_] D8	LETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIF				5.4 CITY-S				
TILE		☐ DE	LETE	6.1 TITLE		ter the state of t	☐ Chang	ge Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filling 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.

6.4 CITY - ST - ZIP

SIGNATURE:

FILED

Jan 21 1997 8:00am

Secretary of State