SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(5)

FILED Jul 09 1998 8:00am Secretary of State

FWC EN	TERPRISES, INC.						
Principal Plac	e of Business	Mailing Address				{	U DEDIL GIBII BRON BRON BRON FOR
312 6TH AVENUE 312 6TH AVENUE 312 6TH AVENUE INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS			NUE S BEACH FL 34635				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address				09/11/1992 4. FEI Number	Applied For
21	iace of Eusiness	26				59-3142360	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22	.,	27				5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Country			8. This corporation owes or has paid the	
24	25	29	30	T		Personal Property Tax due June 30.	☐ Yes No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Register	ad Agent
	SON, PAUL A.			81	i vairie		
	6TH AVENUE	8:		82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
INDI	AN ROCKS BEACH FL 34635			83			
	•			84	City		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, typed or printed name of registered agent				gent signature requir		
12.	OFFICERS ANI		13.	1.3 TITLE		ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	D La rs on, Paul A.	L DELETE	12 NA				Change Addition
STREET ADDRESS	312 6TH AVENUE	1.3 STREET ADDRES		ANNESS			
CITY-ST-ZIP	INDIAN ROCKS BCH FL			ITY-ST	1		
TITLE	INDIA NOCKO BONTE	DELETE	_	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		22		AME			
STREET ADDRESS			2381	TREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ZIP		
TITLE		DELETE	3.1 TITLE				Change Addition
NAME		—	3.2 N	3.2 NAME			-
STREET ADDRESS			3.3 ST	TREET	ADDRESS		
CITY-ST-ZIP			3.4 C	ITY-ST	ZIP		
TITLE			4.1 TI	TLE			Change Addition
NAME			4.2 N				
STREET ADDRESS			4.3 S1	TREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S		-ZIP		
TITLE		DELETE	5.1 TITLE				Change Addition
NAME			5.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				TLE	ZIP		
TITLE		L DELETE	. 6.1 TI				Change Addition
NAME etgeet appeced		*	6.2 N		AUDDESS		
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITY-ST-ZIP	l et de la	41 - 64 - 1 - 1 - 14 - 6 - 41	64C	117-57-	-4-4-43	- 440 07/23/8 Pleside Clatutes I further sent	of the the information

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 attact ment with an address.