## 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 # V66411 1. Corporation Name

T F W ENTERPRISES, INC.

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90087 006 \*\*\*150.00



Principal Place	e of Business	Mailing Address	Mailing Address			Glare senti aid	11 41811 61811 1881
107 N.W. 15TH PLACE 107 N.W. 15TH PLACE							
POMPANO BEA	CH FL 33060	POMPANO BEACH FL 33060		DO NOT WRITE IN THIS SPACE			
}					3. Date Incorporated or Qualifed	3 51 AGE	
]					09/24/1992		
2 Principal D	lace of Business	2a. Mailing Address	<u>."`~</u>	· · ·	4. FEI Number		Applied For
21 3981 NW 45 AVE		26 3981 NW 45 AVE		65-0358191	I	Not Applicable	
		Suite Ant # etc			_	\$8.75	Additional
History Contract Cont		27 Landerdale lakes FL		5. Certifcate of Status Desired Fee Required		Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23 33319 U-S-A		28 33319 U-S-N		Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year In		_
24	25	29 30	0		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent	81 N		10. Name and Address of New Registered	Agent	
				ame	•		
THOMPKINS, WINFRED				reet Addre	ess (P.O. Box Number is Not Acceptable)		
1	N.W. 15TH PL.						
POM	IPANO FL 33060		83				}
	•		84 C	ty		85 Zi	p Code
					<u> </u>		Man and a second
office or r	enistered enent or both in the State of	f Florida. Such change was auth	norized by the	med corpo corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing pintment as	registered registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		, , ,	-	_
SIGNATURE					when reinstating) DATE		
40	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent sign	ature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE		7,0011101107011111020 10 017 10211011	Chang	
NAME	THOMPKINS, WINFRED		1.2 NAME				_
1	107 N.W. 15TH PL		1.3 STREET ADD	BESS			
STREET ADDRESS	POMPANO BEACH FL		1.4 CITY-ST-ZIP	NESS			
CITY-ST-ZIP	D D	DELETE	2.1 TITLE			Chang	e Addition
NAME	LÉE, NELSON,	<b></b> //_	2.2 NAME		• .		1
1	1000 1111 100 115		2.3 STREET ADD	RESS .	·	~ <del>~~</del> ~ .	
STREET ADDRESS	CORAL SPRINGS FL		2. 4 CITY-ST-ZIF	J			
TITLE	OOTAL OF THINGS IL	DELETE	3.1 TITLE			☐ Chang	e Addition
			3.2 NAME		•	Ţ	ļ
NAME	,		3.3 STREET ADD	RESS	•		}
STREET ADDRESS			3.4. CITY-ST-ZIF	į			Í
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition
NAME		<u></u>	4. 2 NAME			,	Ì
STREET ADDRESS			4.3 STREET ADD	RESS	•		
}	, ,		4.4 CITY-ST-ZIP	ì			}
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	-		☐ Chang	e Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5,3 STREET ADD	RESS			Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP				ļ
TITLE 12	C 7 235	☐ DELETE	6,1 TITLE			☐ Chang	e Addition
1		<del></del>	6.2 NAME				J
ļ	P 178 1 / 1867 1 4232		6.3 STREET ADD	RESS		•	
STREET ADDRESS			I				

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.