FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	F39380
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(3)

AWECO	CORPORATION

Principal Place of Business

Mailing Address



1000 HOLLAND DR. BOCA RATON FL 33487			1000 HOLLAND DR. BOCA RATON FL 33487			3. Date incorporated or Qualified	3a. Date of Last R	•	
							06/04/1981	05/31/199	35 j
2. Principal Pla			2a. Mailing Address				4. FEI Number		Applied For
21 1000	Holkend Wil	re	26 SAME				59-2123260		Not Applicable
Suite, Apt, #	e, Apt, #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		Additional Required		
City & State	a Raton F	F/or, da 28 City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	O May Be d to Fees		
Zip	Country		Zip	Cc	untry		8. This corporation has liability for in	. •	199.032,
24 559	187 25 USA		29	30			Florida Statutes		
	9. Name and Address of	f Current R	legistered Agent				10. Name and Address of New Re	gistered Agent	
					81	Name			
	WARD, STEVEN M			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
333 NE 20TH AVE SUITE 203					83				
DEERFIE	DEERFIELD BEACH FL 33441				84	City		FL 85 Z	p Code
11. Pursuant to the provisions of Sections 507.0502 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ERS AND D		13		it signature require	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
TITLE	TD	JENO AND D	DELETE		TITLE		ADDITIONAL ANGLES TO OTT	☐ Change	Addition
NAME	WARD, BARBARA		beere		NAME			change	
	1000 HOLLAND DRIVI	_				***************************************			
STREET ADDRESS		F				ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	.	DELETE		CITY - S	51 - ZIP		Change	Addition
TITLE	PD ATTEMENT			1	TITLE			☐ Change	☐ ¥00illoii
NAME	WARD, STEVEN M	L			NAME				
STREET ADDRESS	1000 HOLLAND DRIV	E				ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		F7 proces		CITY - S	31-2IP		[] Observe	- A235'
TITLE	·				TITLE			☐ Change	☐ Addition
NAME		!			NAME				
STREET ADDRESS						T ADDRESS			
CITY - ST - ZIP			-		CITY - S	ST - ZIP		Par A.	
TITLE			☐ DELETE		TITLE			Change	☐ Addition
NAME				4.2	NAME				
STREET ADDRESS				4.3	STREET	ADDRESS			
CITY-ST-ZIP				4.4	CITY - S	ST - ZIP			
THILE			☐ DELETE	5 1	TITLE			☐ Change	☐ Addition
NAME				5.2	NAME				
STREET ADDRESS				5.3	STREET	ADDRESS			
CITY-ST-7IP				5.4	CHTY - S	ST - ZIP			
THILE			☐ DELETE	6. 1	TITLE			☐ Change	☐ Addition
NAME	:			6.2	NAME				
STREET ADDRESS	!	!				ADDRESS			
C:TY-ST-ZIP				1	CITY-S				
	v certify that the information	supplied with	h this filing is voluntarily furn				for the exemption stated in Section 119.0	07(3)(k). Florida Statu	tes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 affector of the corporation of 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 attuchment with an address.

SIGNATURE:

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/94 467/994 2274