

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90002 023 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F55674**

1. Corporation Name
AWARD INDUSTRIES, INC.

Principal Place of Business 1447 BANKS RD MARGATE FL 33063 US	Mailing Address 1447 BANKS RD MARGATE FL 33063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/23/1981	4. FEI Number 59-2140344	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent FORTI, MARK 21203 SHADY VISTA LANE BOCA RATON FL 33428				10. Name and Address of New Registered Agent 81 Name FORTI, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 21203 SHADY VISTA LANE 83 84 City BOCA RATON FL 85 Zip Code 33428			
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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 John Forti John Forti 3-9-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTI, MARK			1.2 NAME	FORTI, JOHN		
STREET ADDRESS	21203 SHADY VISTA LANE			1.3 STREET ADDRESS	21203 SHADY VISTA LANE		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTI, MARK			2.2 NAME	FORTI, JOHN		
STREET ADDRESS	21203 SHADY VISTA LANE			2.3 STREET ADDRESS	21203 SHADY VISTA LANE		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTI, JOHN			3.2 NAME	FORTI, JOHN S.		
STREET ADDRESS	21203 SHADY VISTA LANE			3.3 STREET ADDRESS	21203 SHADY VISTA LANE		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTI, JOHN S.			4.2 NAME	FORTI, JOHN		
STREET ADDRESS	21203 SHADY VISTA LANE			4.3 STREET ADDRESS	21203 SHADY VISTA LANE		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	FORTI, JOHN S.		
STREET ADDRESS				5.3 STREET ADDRESS	21203 SHADY VISTA LANE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	BOCA RATON, FL. 33428		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: John Forti 3/9/99 954 978 3022
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1 CR2E034 (11/98)