

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004725 (7)

1. Corporation Name
UWOHALI, INC.



Principal Place of Business: 4950 RESEARCH DRIVE HUNTSVILLE AL 35805 US
Mailing Address: 4950 RESEARCH DRIVE HUNTSVILLE AL 35805 US

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 63-0902101
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKLE, ULYS
1262 SEMINOLE DR.
INDIAN HARBOUR BEACH FL 32937

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STROUD, CHARLES D	
STREET ADDRESS	557 WILLIAM & BROAD	
CITY - ST - ZIP	HUNTSVILLE AL 35741	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	WESTON, A. SUZANNE	
STREET ADDRESS	7813 CRAIGMONT	
CITY - ST - ZIP	HUNTSVILLE AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WESTON, W DIANE	
STREET ADDRESS	102 CHINOOK TRAIL	
CITY - ST - ZIP	MADISON AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	WROBEL, PATRICIA A		
2.3 STREET ADDRESS	1206 KINGSWAY ROAD		
2.4 CITY - ST - ZIP	HUNTSVILLE, AL 35802		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

W. Diane Weston

W. DIANE WESTON, PRESIDENT

2/2/96

(205) 837-4482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)