Applied For

¢0.75 Additional

Not Applicable

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

Mailing Address P.O. BOX 93-4622

MARGATE FL 33093

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68247

1. Corporation Name

Principal Place of Business

120 E. OAKLAND PARK BLVD.

2. Principal Place of Business

FT. LAUDERDALE FL 33334

STE. 105

US

21

A&W PRODUCTIONS, INC.

CR #06

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90089 029 ***150.00



DO NOT WOITE IN THIS	CDACE
DO NOT WRITE IN THIS	SPACE

3. Date Incorporated or Qualifed

11/08/1983 4. FEI Number

59-2382025

Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required			
City & State City & State		· •		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
23	Country	28 Zip	Country	,	8. This corporation owes the curr	ront year In			
Zip		·			Personal Property Tax.	eni year iii		Mo	
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New I	Registered		<i>p</i>	
	9. Name and Address of Current	KeAlizresen Wägur	81	Name	IV. Hamb and Add to the second	10 810 101			
WILLETTE, ROBERT 120 E OAKLAND PARK BLVD STE 105 FT LAUDERDALE FL 33305			Ľ	Tighto					
			82	Street Address (P.O. Box Number is Not Acceptable)					
			92						
			03					_	
			84	} "		FL	85 Zip C		
office or re agent. I at	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by ida Statutes	the corporati	on's board of directors. I neleby acce	purpose of pt the appo	changing its intment as rec	registered gistered	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS			nt signature require	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	
12.	DP OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	PICENS A	Change	Addition	
TITLE			1.2 NAME					_	
NAME	TOO E CAN AND DADY DIVID CTE 106								
STREET ADDRESS		31E. 103		TADDRESS					
CITY+ST-ZIP	FT. LAUDERDALE FL	[] DELETE	1.4 CITY-ST-ZIP		•		☐ Change	Addition	
TITLE	VSD	☐ DELETE	2.1 TITLE					L. / 1.00104	
NAME	AXILE, PAULINE	ATE 405	2.2 NAMÉ						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			Change	Addition	
TITLE '		· DELETE	* 13.1 TITLE	• 1			☐ Change	Acquio	
NAMÉ			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP	···				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		DELETE 5.1					Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADORESS					
CITY-ST-ZIP		_	5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP	6.5		6.4 CITY-5	ST-ZIP					
- Un 1-01-4F			_						

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:



4/1/99 Date

954-56/-5792 Daytime Phone #