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 # K06096

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90007 008 ***158.75

1. Corporation A & K P	Name AWN SHOP, INC.								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place	of Business		ailing Address						
32 PINEAPPLE ST 32 PINEAPPLE ST COCOA FL 32922							DO NOT WRITE IN THIS	CDACE	
								SPACE	
							3. Date Incorporated or Qualifed 12/08/1987		
2. Principal P	lace of Business	2a.	. Mailing Address				4. FEI Number	P	pplied For
21		26					59-2768813		lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27					<u> </u>		Required
City & State			City & State				6. Election Campaign Financing		May Be to Fees
23		28					Trust Fund Contribution		1 to rees
Zip	Country		Zip	Cou	шку		This corporation owes the current year Interpretation Property Tax	angibie ∡ X Yes	ΣχNο
24	25	29	stared Agent	30			10. Name and Address of New Registered	<u> </u>	
	9. Name and Address of Curren	rkegis	stalan wäalt		81	Name			
MOF	RRIS, GEORGE KENDALL'						(D.C. Care Niverbox in Mat Appointable)		
32 PINEAPPLE ST					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		_ }
COCOA FL 32922					83				
								05 7:-	Code
					84	,	FL	. `	
11. Pursuant	to the provisions of Sections 607.050	2 and 6	607.1508, Florida Statut	es, the a	pove	e-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing i	ts registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of	da. Such change was a f, Section 607.0505, Flo	uthorized rida Stat	d by utes	the corporation.	on's board of directors. Thereby accept the appoin		egistered
SIGNATURE	(decen	//	Vanu	Donietaras	Agen	nt signature required	d when reinstating) DATE		//
12.	Signature, typed or plinted name of resistered ager OFFICERS AN		TO SECURITION OF THE PERSON OF	13.	- Agoi	n signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	PSD	7 5	☐ DELETE	1.1 TI	TLE			Change	
NAME	MORRIS, GEORGE KENDALL			1.2 N	AME				{
STREET ADDRESS	ACCO MINISTER MANAGEMENT	₹.		1.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 C	ITY-S	T-ZIP			
TITLE	TD		☐ DELETE	2.1 🕅	TLE			Change	e 🔯 Addition
NAME	MORRIS, ALICE L			2.2 N	AME	}			}
STREET ADDRESS	2956 NEWFOUND HARBOR DI	₹.		2.3 S	TREET	TADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL.		· a	2.40	ary-s	ST-ZIP			
TITLE			☐ DELETE	3.1 T	TLE			Change	e 🗀 Addition
NAME				3.2 N	AME				
STREET ADDRESS	1			3.3 S	TREET	TADDRESS			\
CITY-ST-ZIP						ST-ZIP		C]Char-	e Addition
TITLE			☐ DELETE	4.1 T				Chang	e ∐ Addinou (
NAME					AME				
STREET ADDRESS	`			4.3 S	TREE	TADDRESS			
CITY-ST-ZIP					ITY-S	IT-ZIP		Chang	e [] Addition
TITLE			☐ DELETE	5.1 T					
NAME	Į.			. 5.2 N		T ADDDESS			ļ
STREET ADDRESS	1			1		T ADDRESS			ļ
CITY-ST-ZIP			☐ DELETE	5.4 C	ITY-S)1-ZIF		Chang	e
TITLE			L.J DELETE	6.2 N				0.,9	
NAME						T ADDRESS			
STREET ADDRESS	1_					T-ZIP			ĺ

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: 👱

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

7-99 Horas 59-186)