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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L54919** **(0)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:34

1. Corporation Name
AWESOME ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4635 SOUTHERN BLVD WEST PALM BEACH FL 33415	4635 SOUTHERN BLVD WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1990
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0181817 ☐ Applied For ☐ Not Applicable
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 § 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

EVANS, ALEX
4635 SOUTHERN BLVD
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, type or print name of registered agent, and if agent is a corporation, the name and title of the officer.) (NOTE: Registered Agent's signature required where indicated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition S
NAME	KARON, MARC	12 NAME	EVANS, ALEX
STREET ADDRESS	4635 SOUTHERN BLVD	13 STREET ADDRESS	4635 Southern Blvd.
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	West Palm Beach, Florida 33415
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, ALEX	22 NAME	
STREET ADDRESS	4635 SOUTHERN BLVD.	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☒ Change ☐ Addition T
NAME	CEVERA, MIKE	32 NAME	Evans, Alex
STREET ADDRESS	4635 SOUTHERN BLVD.	33 STREET ADDRESS	4635 Southern Blvd.
CITY ST ZIP	WEST PALM BEACH FL	34 CITY ST ZIP	West Palm Beach, Fl. 33415
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: _____ Alex Evans 1/13/95 407-683-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283132 CP