

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 # **L75502 (9)**
1. Corporation Name
A A W - A G, INC.



Principal Place of Business: **2780 NO FLORIDA AVE HERNANDO FL 34442 US**
Mailing Address: **2780 N FLA. AVE. HERNANDO FL 34442 US**

3. Date Incorporated or Qualified: **05/22/1990**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **59-3020354**
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 (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **AGEN, PHILLIP L 2780 N. FLA. AVE. HERNANDO FL 34442**
10. Name and Address of New Registered Agent (81-85) fields.

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: *Phillip L. Aguer* (Typed Name) DATE: **5-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGEN, PHILLIP L.	12. NAME	
STREET ADDRESS	435 CANADAY DR.	13. STREET ADDRESS	31 No Shadow Wood Dr
CITY-ST-ZIP	INVERNESS FL	14. CITY-ST-ZIP	INVERNESS, FLA 34450
TITLE	DTS	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGEN, DOLORES A.	22. NAME	
STREET ADDRESS	435 CANADAY DR.	23. STREET ADDRESS	31 No Shadow Wood Dr
CITY-ST-ZIP	INVERNESS FL	24. CITY-ST-ZIP	INVERNESS, FLA. 34450
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Phillip L. Aguer* (Typed Name) DATE: **5-24-96** PHONE: **904 637 4141**

CR2E034 (12/95)