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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005301 (5)

1. Corporation Name

THE AWS HONOR SOCIETY ALPHA UPSILON SIGMA, INC.

Principal Place of Business

Mailing Address

550 N.W. LEJEUNE ROAD
MIAMI FL 33126550 N.W. LEJEUNE ROAD
MIAMI FL 33126-56713. Date Incorporated or Qualified
11/07/19953a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0643019

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, NELSON C DR.
550 N.W. LEJEUNE ROAD
MIAMI FL 33126

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PIERCE, R. C.
STREET ADDRESS 940 NORTH MARTIN LUTHER KING DRIVE
CITY-ST-ZIP PRICHARD AL 366101.1 TITLE CHAIR ☒ Change ☐ Addition
1.2 NAME PIERCE, R. C.
1.3 STREET ADDRESS (same address as before)
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME TEUSCHER, R. J.
STREET ADDRESS 3574 CHRISTY RIDGE ROAD
CITY-ST-ZIP SEDALIA CO2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BASTIAN, B. J.
2.3 STREET ADDRESS Benmar Assocs.
2.4 CITY-ST-ZIP 1830 Cedar Hill Dr.
Royal Oak, MI.TITLE D ☐ DELETE
NAME MYERS, L. W.
STREET ADDRESS PAUL CLARK DRIVE
CITY-ST-ZIP OLEAN NY 147603.1 TITLE EXEC. DIR. ☐ Change ☒ Addition
3.2 NAME DELAURIER, Frank G.
3.3 STREET ADDRESS 550 N. W. LeJeune Rd
3.4 CITY-ST-ZIP Miami, FLTITLE D ☐ DELETE
NAME WINSAND, A. O.
STREET ADDRESS 909 TOTTENBAM
CITY-ST-ZIP BIRMINGHAM MO 480094.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S ☒ DELETE
NAME NELSON C. WALL
STREET ADDRESS 550 N.W. LEJEUNE RD.
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank G. Delaurier

3/2/97

(305) 443-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028474

CR2E037 (9/96)