

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005929 (3)

1. Corporation Name

P.A.W.C., INC.



Principal Place of Business

Mailing Address

**2501 PALM AIRE DRIVE NORTH
POMPANO BEACH FL 33069**

**C/O LIBBO B. FINEBERG
3500 GATEWAY DRIVE STE 201
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified

3a. Date of Last Report

12/14/1995

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINEBERG, LIBO B
3500 GATEWAY DRIVE STE 201
POMPANO BEACH FL 33069**

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 **PD** ☐ DELETE

NAME **NOVA, STANLEY**
STREET ADDRESS **3500 GATEWAY DRIVE STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☒ Addition

TITLE **VD** ☐ DELETE

NAME **BECKER, BRUCE**
STREET ADDRESS **3500 GATEWAY DRIVE STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **FINEBERG, LIBO B**
STREET ADDRESS **3500 GATEWAY DRIVE STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD** ☒ DELETE

NAME **VALE, IRWIN**
STREET ADDRESS **3500 GATEWAY DRIVE STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **GOLICK, MORRIS**
STREET ADDRESS **2501 PALM AIRE DR. NORTH**
CITY-ST-ZIP **POMPANO BEACH, FL. 33069**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Libbo B Fineberg VP.

3

954 975 6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)