FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



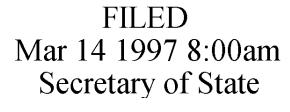
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000005929 (3)

P.A.W.C., INC.





Dala da al Dia												
Principal Place of Business Mailing Address									.,,,	10110 11		
2501 PALM AIR POMPANO BEA	RE DRIVE NORTH NGH FL 33069	3500 GATE	C/O LIDBO B. FINEBERG 3500 GATEWAY DRIVE STE 201 POMPANO BEACH FL 33069-4870									
		10,1110		, 10.0		-	3. Date Incorporated or Qualified 12/14/1995	3a. D	ate of L. 03/20	ast Re)/19 9	eport 16	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	<u> </u>		Apr	plied For	1
21		26					65-0628253			Not	Applicable	e
Suite, Apt.	·	27					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	е	City &	City & State				6. Election Campaign Financing \$5.00 May Be					7
23		28	<u> </u>				Trust Fund Contribution Added to Fees					╛
Zip	Country	Zip	├─ ┐ `			1	8. This corporation has liability for intangible tax under s. 199,032,					
24	25 9. Name and Address of	Current Registered A		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Hallia Bilo Addiass Ci	Cultelli negisteren A	Jen T	8	1 Nam		10. Name and Address of New He	gisterea	Agent			\dashv
CINCOCI	RG, LIBO B			Ľ	Ivaire							
	ATEWAY DRIVE STE 201			8	2 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)				7	
	NO BEACH FL 33069			8	3							-
r O MICA	10 DENOTITE 55003			Ľ	1							
				В	4 City			FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections (317.0502 and 617.1508	Florida Statutes	s. the abo	_L ve∙namo	ed corpor	ation submits this statement for the p		L L	ina its	registered	<u>, </u>
office or r	egistered agent, or both, in the m familiar with, and accept the	ie State of Florida, Such in obligations of Section	change was au n 617 0503 Elori	ithorized I	by the co	orporation	ation submits this statement for the p i's board of directors. I hereby accep	the app	ointme	nt as r	egistered	
SIGNATURE	in identification and adopt the	is obligations of, ecotion	1017.0000,110	ida Otator								
SIGNATURE .	Signature, typed or printed name of regi	stored agent and title if applicable	e. (NOTE	Registered A	gent signati	ure required	wher reinstating)	DATE				.
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	PD NOVA OTANIEV		DELETE	1.1 TATLE					∐ Cha	ınge	☐ Addition	¹ ð
NAME	NOVA, STANLEY	OTC 004		1.2 NAM								E037
STREET ADDRESS	3500 GATEWAY DRIVE POMPANO BEACH FL:				ET ADDRESS	S						Ĭř
CITY-ST-ZIP TITLE	VD	33009	DELETE	1.4 CHTY- 2.1 THILE		- -			☐ Cha	1000	Addition	_ <u>\</u>
NAME	BECKER, BRUCE			2.2 NAMI					VIII	nige	[_] Musicion	۱ `
STREET ADDRESS	2501 PALM AIRE DRIVE	NORTH		1	: Et adoress	.						
CITY-ST-ZIP	POMPANO BEACH FL	- 1101111		2.4 CITY		'						
TITLE	VD		DELETE	3.1 TITLE					Cha	inge	Addition	n
NAME	FINEBERG, LIBO B			3.2 NAMI						•		
STREET ADDRESS	2501 PALM AIRE DRIVE	NORTH		3.3 STRE	ET ADDRESS	3						
CITY-ST-ZIP	POMPANO BEACH FL			3.4. CITY	- \$T-ZIP							
TITLE	STD		DELETE	4.1 TITLE					Cha	ınge	Addition	1
NAME	GOLICK, MORRIE			4. 2 NAM	€							
STREET ADDRESS	2501 PALM AIRE DRIVE	NORTH		4.3 STRE	ET ADDRESS	3						
CITY-ST-ZIP	POMPANO BEACH FL			4.4 CITY					-		·	
TITLE			DELETE	5.1 TITLE					Cha	inge	Addition	,
NAME				5.2 NAME								
STREET ADDRESS					ET ADDRESS	8						
CITY-ST-ZIP			DELETE	5.4 CHY-					T OF-		Anance -	\exists
TITLE			L. VCLC IF	6.1 TITLE					Cha	rige	Addition	1
NAME CYPEET ADDRESS				6.2 NAME								
STREET ADDRESS					ET ADDRESS	5						
CITY-ST-ZIP				64 CITY-	-S1-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 cripting d; or on an allact)ment with an address.