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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Aug 26 1997 8:00am  
Secretary of State

DOCUMENT # **N96000004418 (7)**

1. Corporation Name

**AWSERVICES, INC.**

Principal Place of Business

**30 N.W. LEJEUNE ROAD  
MIAMI FL 33126**

Mailing Address

**550 N.W. LEJEUNE ROAD  
MIAMI FL 33126-5671**

3. Date Incorporated or Qualified  
**08/23/1996**

3a. Date of Last Report

1. Principal Place of Business

1

2a. Mailing Address

2a

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

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

**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

TITLE ☐ DELETE

NAME **DC BOLLINGER, S W**

STREET ADDRESS **POST OFFICE BOX 517**

CITY- ST- ZIP **HANOVER PA 17331**

TITLE ☐ DELETE

NAME **VCD KVIDAHL, L G**

STREET ADDRESS **801 SUNFISH STREET**

CITY- ST- ZIP **PASCAGOULA MS 39581**

TITLE ☐ DELETE

NAME **EASD WALL, N C**

STREET ADDRESS **550 N.W. LEJEUNE ROAD**

CITY- ST- ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **ASD MCLAUGHLIN, J J**

STREET ADDRESS **550 N.W. LEJEUNE ROAD**

CITY- ST- ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **TD WINSAND, A O**

STREET ADDRESS **909 TOTTENHAM**

CITY- ST- ZIP **BIRMINGHAM MI 48009**

TITLE ☒ DELETE

NAME **ATD MIEDZIALKO, R J**

STREET ADDRESS **550 N.W. LEJEUNE ROAD**

CITY- ST- ZIP **MIAMI FL 33126**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D DELAURIER, FG**

1.3 STREET ADDRESS **550 NW LEJEUNE RD**

1.4 CITY- ST- ZIP **MIAMI, FL 33126**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**400002279514**

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**\*\*\*61.25**

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.

Frank G. Delaurier 3/2/97 (205) 442-9252