


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90115 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004418**

1. Corporation Name

**AWSERVICES, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1486890	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLINGER, S W	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 517 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HANOVER PA 17331	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KVIDAHL, L G	2.2 NAME	
STREET ADDRESS	801 SUNFISH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PASCAGOULA MS 39581	2.4 CITY-ST-ZIP	
TITLE	EASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, N C	3.2 NAME	
STREET ADDRESS	550 N.W. LEJEUNE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, J J	4.2 NAME	
STREET ADDRESS	550 N.W. LEJEUNE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSAND, A O	5.2 NAME	
STREET ADDRESS	909 TOTTENHAM	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48009	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAURIER, FG	6.2 NAME	
STREET ADDRESS	550 N.W. LEJEUNE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)