FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P32276

(8)

AWH CORPORATION

DAVID M. LASCELL

WINSTON-SALEM NC

119 BROOKSTOWN AVE. 203

NAME

STREET ADDRESS

Principal Plac	ce of Business	Mailing Address							
119 BROOKSTOWN AVENUE		119 BROOKSTOWN AVE STE 203							
SUITE 203		119 BROOKSTOWN AVENUE. SUITE 203		03	DO NOT WEST WITHOUT				
WINSTON-SALEM INC 27101 US		WINSTON SALEM NC 27101-5245 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
•		00				12/26/1990			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				54-1094408		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22 City & Ctal		City P. Stole						Required	
City & Star	te	City & State				6. Election Campaign Financing Trust Fund Contribution	,	00 May Be	
Zip	Country	Z ₁ p	Cou	ntrv	,	Trust Fund Contribution 8. This corporation owes or has paid the cui		ed to Fees	
24	25	29	30	,		1	Yes	□ No	
	9. Name and Address of Current		144.1			10. Name and Address of New Registered	Agent		
CT CORPORATION SYSTEM				81	Name				
1200 S. PINE ISLAND ROAD			•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
PL.	ANTATION FL 33324		,	83					
				83					
			•	84	City	FL	85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida State	utes the ar	וטעפ	a-named corno	oration submits this statement for the purpose of	i channing	n its registered	
office or i	registered agent, or both, in the State in m familiar with, and accept the obligation	of Florida, Such change was	s authorized	i by	the corporation	on's board of directors. I hereby accept the app	ointment a	as registered	
-	arri arrinar wari, and accept the obliga	mons of, Section 607.0505, F	TOTO SIAN	nies	s.			i	
SIGNATURE	Signature Typed or printed name of registured agen	nt and title if applicable (NC	OTE: Registered	Age	ent signature require	d when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	C0	DELETE	1.1 111				☐ Change	e 🔲 Addition	
NAME	HOPEMAN, A. A., JR.	۱۵	1.2 NA						
STREET ADDRESS	119 BROOKSTOWN AVE.,#20	ថ			ADDRESS				
CITY-ST-ZIP TITLE	WINSTON SALEM NC	DELETE	1.4 CIT 2.1 TIT		T-ZIP	**************************************	Change	e Addition	
NAME	HOPEMAN, HARRIET	L_I bettie	2.1 III				LT Cularific	3 Addition	
STREET ADDRESS	119 BROOKSTOWN AVE.,#203	a			ADDRESS				
CITY-ST-ZIP	WINSTON SALEM NC	•	2.3 ST			₹			
TITLE	CEO	DELETE	3.1 TIT				☐ Change	e Addition	
NAME	HOPEMAN, H. W		3.2 NA	ME			_		
STREET ADDRESS	119 BROOKSTOWN, AVE., #2	:03	3.3 STI	REET	ADDRESS				
CITY-ST-ZIP	WINSTON-SALEM NC		3.4. CI	TY-S	ST-ZIP				
TITLE	VPSD	☐ DELETE	4.1 TIT	LE			☐ Change	e 🔲 Addition	
NAME	WOOD, RUSSELL A.	_	4. 2 NA	ME					
STREET ADDRESS	119 BROOKSTOWN AVE.,#200	3			ADDRESS				
CITY-ST-ZIP	WINSTON SALEM NC	DELETE	4.4 CIT		T-ZIP		Chara	Addition	
TITLE	AS CINDRICK, ROBERT M.	☐ DELETE	5.1 TiT				Change	e Addition	
NAME STREET ADDRESS	119 BROOKSTOWN AVE.,#203	ላ	5.2 NA		ADDRESS				
CITY-ST-ZIP	WINSTON SALEM NC	•	5.3 ST						
9111-01-41	THE THE PERSON AND TH		■ 3.9 Mil	1-01	1 - 61F				

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

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

-1-1--

Change

Addition

CR2E034 (10/97)

FILED

Feb 26 1998 8:00am

Secretary of State