

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90055 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32276

1. Corporation Name
AWH CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 119 BROOKSTOWN AVENUE
 SUITE 203
 WINSTON-SALEM NC 27101
 US

Mailing Address
 119 BROOKSTOWN AVE STE 203
 119 BROOKSTOWN AVENUE, SUITE 203
 WINSTON SALEM NC 27101-5245
 US

3. Date Incorporated or Qualified
12/26/1990

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
54-1094408

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPEMAN, A. A., JR. | 1.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN AVE., #203 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON SALEM NC | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPEMAN, HARRIET | 2.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN AVE., #203 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON SALEM NC | 2.4 CITY-ST-ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 3.1 TITLE | CEO/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPEMAN, H. W | 3.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN, AVE., #203 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON-SALEM NC | 3.4 CITY-ST-ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 4.1 TITLE | VP/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOOD, RUSSELL A. | 4.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN AVE., #203 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON SALEM NC | 4.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CINDRICK, ROBERT M. | 5.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN AVE., #203 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON SALEM NC | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID M. LASCCELL | 6.2 NAME | |
| STREET ADDRESS | 119 BROOKSTOWN AVE. 203 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINSTON-SALEM NC | 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 607, 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: Robert M. Cindrick **ROBERT M. CINDRICK** 1/25/99 (336) 722-5195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)