FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007069 (6)

ACW INTERNATIONAL GROUP, INC.

Principal Place of Business . Mailing Address							
25778 US HWY OLEARWATER		25778 US HWY 18 N CLEARWATER FL 34623-2	039			•	
					3. Date Incorporated or Qualifier 01/25/1993	d 3a. Date of Last Report 03/05/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
26 Suite, Apt. #, etc. Suite, Ap			ot # 616		59-3166910	Not Applicable	
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ii City & State		City & State		8. Election Campaign Financing			
23 Country 25		Zip Country		Trust Fund Contribution	or intangible tax under s. 199.032,		
24	25 29 30		·		Florida Statutes	Yes No	
	9, Name and Address of Curre	int Registered Agent			10. Name and Address of New	Registered Agent	
	DANIEL, MICHAEL		81	Name	:		
400 INDIAN ROCKS RD				Street Add	dress (P.O. Box Number is Not Accept	table)	
SUITE C BELLEAIR BLUFFS FL 34640			83	 			
BELL		L.		· · · · · · · · · · · · · · · · · · ·			
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	iles, the abov	e-named cor	rporation submits this statement for the	e purpose of changing its registered	
egent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida, Such change was gations of, Section 607.0505, F	lorida Statute	y trie corpora s.	rporation submits this statement for thation's board of directors. I hereby according to the control of the con	Sopt the appointment as registered	
SIGNATURE							
12.	Bignature, typed or printed name of registered a	gent and little if applicable. (NO ND DIRECTORS	1E: Registered Age	ent signature requ	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 THE	·	ADDITIONS/CHANGES TO OF	Change Addition	
NAME	WEI, LOUIS	_	1.2 NAME	Ì			
STREET ADDRESS	S 25778 US HWY 19 N		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY - S	ST-ZIP			
TITLE	DELETE 2.1 T		2.1 TITLE			Change Addition	
NAME			2.2 NAME			l	
STREET ADDRESS			2 3 STREET			•	
CITY-ST-ZIP TITLE		DELETE	2. 4 GiTY-1 3.1 TITLE	51-211		Change Addition	
NAME		_	3.2 NAME	1		•	
STREET ADDRESS			3.3 STREET	ADDRESS		l	
CITY-ST-ZIP			3.4. CłTY-:	ST-ZIP			
TITLE		☐ DEL€TE	4.1 TITLE	Į		☐ Change ☐ Addition	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	n - Z(P' .	·	Change Addition	
NAME			5.2 NAME				
STREET ADDRESS		\$	5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELE1E	6.1 TITLE	7		☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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

FILED

Mar 13 1997 8:00am

Secretary of State