FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005039 (0)**

1. Corporation Name
ASW, INC.

Principal Place of Business	Mailing Address
722 OAKLEAF CT. APOPKA FL 32712	722 OAKLEAF CT. APOPKA FL 32712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/11/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 5015 Nassau Cir
22: Suite, Apt. #, etc.
23: City & State: ORLANDO FL
24: Zip: 32808 25: County: ORANGE

2a. Mailing Address
26: 5015 Nassau Cir.
27: Suite, Apt. #, etc.
28: City & State: ORLANDO FL
29: Zip: 32808 30: County: ORANGE

4. FEI Number: [X] Applied For [ ] Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WOODLIEF, MITCHEL E
225 E. CHURCH ST.
JACKSONVILLE FL 32202

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 constating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	BICKSON, JOHN R. SR	[X] Change [ ] Addition
NAME	DICKSON, JOHN R SR	12 NAME		
STREET ADDRESS	07728 COUNTRY PLACE	13 STREET ADDRESS	806 VIRGINIA DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	14 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	21 TITLE	resigned	[X] Change [ ] Addition
NAME	WOODLIEF, ALLAN D	22 NAME		
STREET ADDRESS	722 OAKLEAF CT.	23 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	[X] Change [ ] Addition
NAME	WOODLIEF, SUSAN K	32 NAME	Khoury, Susan	
STREET ADDRESS	722 OAKLEAF CT.	33 STREET ADDRESS	5015 Nassau Cir.	
CITY-ST-ZIP	APOPKA FL 32712	34 CITY-ST-ZIP	Orlando FL 32808	
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Susan Khoury 4/25/95 (407)841-8310
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN KHOURY

0036071 CP