

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000031201 (3)

1. Corporation Name

AMERICAN WEB SERVICES, INC.

Principal Place of Business

10969 HANDEL PLACE  
BOCA RATON FL 33498  
US

Mailing Address

PO BOX 970007  
BOCA RATON FL 33497  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-2576048

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 PO Box 159

Suite, Apt. #, etc.

27 City & State

28 Zip

29 06279

30 Country

9. Name and Address of Current Registered Agent

FISCHOFER, WILLIAM T.  
10969 HANDEL PLACE  
BOCA RATON FL 33498

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SCHWERTFEGER, RICHARD S  
STREET ADDRESS 8905 SPRING VALLEY DR  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE DV ☐ DELETE

NAME CAMPBELL, ROBERT D  
STREET ADDRESS 80 CISAR RD #28  
CITY-ST-ZIP WILLINGTON CT

TITLE DS ☐ DELETE

NAME COY, HENRY R  
STREET ADDRESS 8905 SPRING VALLEY DR  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE DT ☐ DELETE

NAME FISCHOFER, WILLIAM T  
STREET ADDRESS 10969 HANDEL PLACE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Schwertfeger, Richard S  
1.3 STREET ADDRESS 3832 Royal Troon Drive  
1.4 CITY-ST-ZIP Round Rock, TX 78664

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME Campbell, Robert D  
2.3 STREET ADDRESS 50 Tolland Tpke.  
2.4 CITY-ST-ZIP Willington, CT 06279

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Coy, Henry R  
3.3 STREET ADDRESS 13408 Ana Rosa Loop  
3.4 CITY-ST-ZIP Austin, TX 78727-1400

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE: [Signature]

7/22/97

910-652-9207

CR2E034 (4/97)