PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500050994

1. Corporation Name

AWA ELECTRONICS FLORIDA, INC.

Principal Place of Business	Mailing Address	
701 TYNER ST FT. WALTON BCH. KY 32547 US	718 RISING RD. IRVINE KY 40336	

Jun 02, 1999 8:00 am Secretary of State

06-02-1999 90003 021 *****8.75 06-02-1999 90003 022 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3328242 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zip 8. This corporation owes the current year Intangible DZNo. Personal Property Tax. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HINSON, MARY ANN 82 701 TYNER STREET FT. WALTON BCH. FL 32547 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1 1 TITLE WARNKE, ARTHUR 1.2 NAME NAME **76 HILLSIDE AVENUE** 1.3 STREET ADDRESS STREET ADDRESS LIVINGSTON NJ 07039 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE DST HINSON, MARY ANN 2.2 NAME NAME 718 RISING RD. 2.3 STREET ADDRESS STREET ADDRESS IRVINE KY 40336 2.4 CITY-ST-ZIP CITY-ST-ZIP

6.4 CITY-ST-ZIP 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 nent with an address, with all other like empowered. Block 12 or Block 13 if changed, or on an attag

3.1 TITLE

3.2 NAME

4 1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

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SIGNATURE AND TYPED OR PRINTED NA

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