

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081502 (3)

1. Corporation Name

AWARENESS PERSPECTIVES, INC.



Principal Place of Business

Mailing Address

601 NORTH BAYLEN STREET
SECOND FLOOR
PENSACOLA FL 32501

601 NORTH BAYLEN STREET
SECOND FLOOR
PENSACOLA FL 32501

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4400 Bayou Blvd

26 PO Box 30605

Suite, Apt #, etc

Suite, Apt #, etc.

22 Suite 2

27 1

City & State

City & State

23 Pensacola, FL

28 Pensacola, FL

Zip

Zip

24 32503

Country

Country

25 USA

29 32503

Country

30 USA

4. FEI Number

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENTREKIN, JULIE R
601 NORTH BAYLEN STREET
SECOND FLOOR
PENSACOLA FL 32501

81 Name

ENTREKIN, JULIE R

82 Street Address (P.O. Box Number is Not Acceptable)

4400 Bayou Blvd

83

Suite 2

84 City

Pensacola

FL

85 Zip Code

32503

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's signature is required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ENTREKIN, JULIE R
STREET ADDRESS 601 NORTH BAYLEN STREET, SECOND FLOOR
CITY-STATE-ZIP PENSACOLA FL 32501

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

D

ENTREKIN, JULIE R

PO Box 30605

PENSACOLA, FL 32503-1605

TITLE ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3735 Mackey Cove

Pensacola, FL 32514

NAME ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

STREET ADDRESS ☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

CITY-STATE-ZIP ☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE ☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

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)(b), 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julie R. Entekin

Julie R. Entekin

7/31/96 9194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #