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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



FILED May 06 1997 8:00am Secretary of State

1997 DOCUMENT # P96000035101 1. Corporation Name A W Corporate Services Inc.:

| Principal Place of Business 1515 FOET Christmas | Mailing Address A 1515 F | T.Chewlones Rd x 191 327606 | | | |
|--|---|---|--|---|--|
| Shuluota, Fl 3271do | Chalast | 1 101 50 10 | 3. Date Incorporated or Qualified | 3a. Date of Last | Report |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. PEI Number | | Applied For |
| <u> </u> | 26 | | 59-3378273 | | lot Applicable |
| Suite Apt #, etc 12 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 | Additional Required |
| City & State: | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution | | May Be I to Fees |
| Country | Zip , | Country | 8. This corporation has liability for | - · - | s. 199.032, |
| 9. Name and Address of | [29] | [30] | Florida Statutes 10. Name and Address of New Re | Yes X No | |
| 9. Name and Address of | Current Registered Agent | 81 Name | 10. Name and Address of New Ne | Gistelag Wäsur | |
| Amy Wilcha | 0 | H | my Wilchar | | |
| MINY WITCHIA | 14 | 82 Street Addr | ess (P.O. Box Number is Not Acceptat | 2 (a) | |
| 119D Elyning Pa | 10174 | 83 /3/3 | 17. UNISHINAS | 70 | |
| 1190 Flowing Cr. Osteen FL | KLN ~ 7 | | | | |
| Oslopa El | 277104 | 84 City/ hu. | مرا م | FL S 3 | Code |
| Pursuant to the provisions of Sections 6 | 07 0502 and 607 1508. Florida Sta | atutes, the above-named corp | poration submits this statement for the p | ourgose of changing | its repistered |
| office or registered agent, or both, in the agent. Lain familiar with and accept the | e State of Florida. Such change w | as authorized by the corporat | ion's board of directors. I hereby acce | pt the appointment a | s registered |
| agent training measure it and accepting | o obligations of Section 607.0505 | Tionda otatales. | 11 00-0 | 1_ | |
| - I FARAL I | 1/1/// | | | | |
| SIGNATURI (special white discontinuo came of regis | hinco agent and little if applicable (| NOTE: Registered Agont signature require | 4-29-9 ed when reinstaling) | DATE | |
| Gignation Typed or printed name of regist | hr-co as int and little if applicable (RS AND DIRECTORS | NOTE: Registered Agent signature require | | DATE CERS AND DIRECTO | |
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