## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

59 May 30 Mill: 53

DOCUMENT # PAUDO048222

A.H.W. Corporation, Inc.

Principal Place of Business 480 W. Prospect. Rd. Ft. Lauderdale, FL.		Mailing Address 480 W. Prospect Rd. Ft. Lauderdale, FL.			FL.	REINSTATEMENT 00-00
	33309			3.	3309	3. Date Incorporated or Qualifed
2. Principal Place of Business 2a. Mailing Ad			ing Address	Address		4. FE! Number Applied For
21   2   2   2   2   2   2   2   2   2			Suite, Apt. #. etc			65-0690006 Not Applicable
<del></del>			27			5. Certificate of Status Desired   X   \$8.75 Adamonal   Fee Required
City & State	e	- <del></del>	City & State			6. Election Campaign Financing , \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
<b>Zip</b> Country Z			Zip Country			8. This corporation owes the current year Intalgable
24	25	29	and constant and a second of the constant of t			Personal Property Tax
<b> </b>	9. Name and Address of Curre	nt Registered	Agent		Name	10. Name and Address of New Registered Agent
Da	len Ward			L.		
480 W. Prospect Rd.				82 Street Address (P.O. Box Number is Not Acceptable)		
Ft	. Lauderdale, FL			83	3	
	3330	9		ļ		المرائع فالمحا
			•	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607/15	08, Florida Statutes	the abov	ve-named corp	poration submits this statement for the purpose of changing its registered
agent. I a	egistered agent, of both, in the State m familiar with, and agcept the obliga	or Florida. Su ation\$ of, Secti	ion 607.0505, Fjorid	nonzed by a Statute:	y trie corporati 8.	poration submits this statement for the purpose of changing its registered lion's board of directors. Thereby accept the appointment as registered
SIGNATURE	X	$-\int d$	·			
12.	Signature yped or pripted name of registery divise OF FICE RS AN	ID DIRECTOR		rgistered Age	ant signature regular	es where registrating to AH. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12
TITLE	D OFFICERS AF	ID DIRECTOR	L I DELETE	1 1 TITLE	· 1 ·	[   Change   Addition
NAME	Dalen Ward			1.2 NAME		6000028744765
STREET ADDRESS	480 West. Prosp	ect. R	d.	13STREE	- 1 ADDRESS	-05/13/9901108020
CITY-ST-ZIP	Ft. Lauderdale,			14 CITY	ST-ZIP	****908.75 ****908.75
TITLE			[ ] DELETE	21 TITLE		[ ] Change
NAME				2.2 NAME		
STREET ADDRESS				23 STREE	FT ADDRESS	
CITY-ST-ZIP			[] DELETE	2 4 CITY-	\$1-2@	
TITLE			C) DELETE	31 TITLE 32 NAME		. (A d A <sub>1-1</sub> ) (A d A <sub>1-1</sub> ) (A d A d A d A d A d A d A d A d A d A
NAME STREET ADDRESS					E1 ADDRESS	
CITY-ST-ZIP				34 CITY-	1	,
TITLE			[] DELETE	41 TITLE	=3'	[  Change
NAME IN				4 2 NAME		
STREET ADDRESS				40 STREE	I ADDRESS	
CITY-\$ r-ZIP			······	4.4 CITY - S	ST-ZI <sup>2</sup>	
TITLE			DELETE	5 1 TITLE 5 2 NAME		[  Change       Abdition
NAME					ET ADDRESS	
STREET ADORESS				5 4 CITY - S		
CITY-ST-ZIP TITLE			DELETE	61 TITLE		M [Ichana) [Andrean
NAME				6 2 NAME		$\mathcal{A}_{\mathcal{A}}$
*****				63 STREE	ET ADDRESS	2.17

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 angular report or supplemental annual report is prof and accurate and that my signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 of changed or an an attachment with an address, with all other like empowered.

SIGNATURES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor of Photocol

Date

CR2E034 (11)