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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 15 1997 8:00am Secretary of State

DOCUMENT #	P96000091884	(2)
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A.W. SOFTWARE SERVICES, INC.  Principal Place of Business 4148 N.W. 90TH AVENUE SUITE 203 CORAL SPRINGS FL 33065  Mailing Address 4146 N.W. 90TH AVENUE SUITE 203 CORAL SPRINGS FL 33065  CORAL SPRINGS FL 33065  A.W. 90TH AVENUE SUITE 203 CORAL SPRINGS FL 33065-1727						
				3. Date incorporated or Qualified 11/08/1996	3a. Date of Las	st Report
	Place of Business	2a. Mailing Address	**************************************	4. FEI Number	00	Applied For
Suite, Apt	1 H ote	Suite, Apt. #, etc.	turn turn turn	65-070 68		Not Applicable
22	1 #, GIG	27		5. Certificate of Status Desired	7	5 Additional Required
City & Sta	ile	City & State	100, 100, 1 0, 100, 100, 100, 100, 100,	6. Election Campaign Financing	\$5.0	00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	y	Trust Fund Contribution		ed to Fees
Z)p	Country	Zip	Country	8. This corporation has liability for	intangible tax unde Yes 🔲 No	er s. 199.032,
4]	25   g. Name and Address of Curr	29 rent Registered Agent	[30]	florida Statutes  10. Name and Address of New Re		·
LAY	WRENCE A. CAPLAN, P.A.		81 Name			<del>,</del>
	4 N. FEDERAL HWY.		82 Street Add	Iress (P.O. Box Number Is Not Acceptab	ole)	· · · · · · · · · · · · · · · · · · ·
	ITE 257					
B00	CA RATON FL FL334-31		83			
			B4 City		FL 85 7	Zip Code
agent L	am familiar with, and accept the ob-	0502 and 607,1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607,0505, Flo	authorized by the corpora orida Ste utes.	poration submits this statement for the patients board of directors. I hereby acception's	pt the appointment	as registered
SIGNATURE.	og a new typed or priced name of registered	agent and title if applicable (NOT	É: Register d'Agent signature requi	ition's board of directors. I hereby acce	DATE	as registered
SIGNATURE	og a tree typed or priced name of registered	agent and title & applicable (NOT	É: Registeri d'Agent signature requi	ition's board of directors. I hereby accep	DATE CERS AND DIRECT	as registered
SIGNATURE 12. 1011	OFFICERS A	agent and title if applicable (NOT	É: Register d'Agent signature requi	ition's board of directors. I hereby acce	DATE	as registered
SIGNATURE 12. 1016 NAME	OFFICERS A  WEINER, ADAM	agent and lifte & applicable (NOT AND DIRECTORS DELETE	E: Register d Agent signature requi	ition's board of directors. I hereby acce	DATE CERS AND DIRECT	as registered
SIGNATURE  12.  TIPLE  NAME  STREET ADDRESS	OFFICERS A  D  WEINER, ADAM	agent and lifte & applicable (NOT AND DIRECTORS DELETE	E: Registered Agent signature requi	ition's board of directors. I hereby acce	DATE CERS AND DIRECT	as registered
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minimater increased on this amount report of supplemental annual report is true and accurate and mat my signature shall have the same legar effect as if made under of Lam 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 if changed, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Holam Weinen