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

DOCUMENT # P9800006725

	Principal Place of Business	Mailing Address	
OCCURRENCE OF STREET	1572 OWEN DRIVE CLEARWATER FL 33759-2203	1572 OWEN DRIVE CLEARWATER FL 33759-2203	

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90090 043 ***150.00

AWENIO	AN MANUFACTURING INC	UNPUNATED				
Principal Plac	e of Business	Mailing Address			4 INRTIONAL TEN TRANSPORTE BRIEF BREEF BREEF	TOILS CITH LEGIS (160) BLIT 1661
1572 OWEN DRIVE 1572 OWEN DRIVE						
CLEARWATER FL 33759-2203 CLEARWATER FL 33759-2203			:		TO MOTIVE IN THIS	00405
					DO NOT WRITE IN THIS	SPACE
					 Date Incorporated or Qualifed 01/20/1998 	
	(8)	2a. Mailing Address	-		4. FEI Number	Applied For
	Place of Business	— ·			593487759	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					3/3/01/01	\$8.75 Additional
22] 27]					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	
24	25	29 3	30		Personal Property Tax.	Yes XNo
	9. Name and Address of Curre	ent Registered Agent		_::.	10. Name and Address of New Registered	Agent
CLIA	DD CADY A		81	Name	•	1
	.RP, GARY A 2 OWEN DRIVE		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	ARWATER FL 33759		_			
CLE	ARWATER PL 33/39		83		•	
			84	City		85 Zip Code
					FL progration submits this statement for the purpose of	
office or a gent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the corpora	ation's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Agen	t signature requi	ored when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	PAYNE, GAIL L		1.2 NAME	ک	SHARP, GAIL L.	
STREET ADDRESS	1572 OWEN DRIVE		1.3 STREET	ADDRESS	,	
CITY-ST-ZIP	CLEARWATER FL 33759-2203		1.4 CITY-S	T-ZIP		D Addition
TITLE			2.1 TITLE		•	☐ Change ☐ Addition
NAME	SHARP, GARY A		2.2 NAME			
STREET ADDRESS	10.2 01.21		2.3 STREET	ADORESS		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Characa
TITLE		☐ DELETE	31 TITLE			☐ Change ☐ Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		Fineress	3.4. CITY- S	T-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE			ChangeAddition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP		□ BELETE	4.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		□ DELETE	5.4 CITY- S' 6.1 TITLE	1-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE			•	Change Dynama
NAME			6.2 NAME	F ADDRESS		Ì
STREET ADDRESS	sl .		6.3 STREET	ADDRESS		

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CfTY+ST-ZIP

SIGNATURE: