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 # \$23715

 Corporation 	n Name						
A.W.C. F	NTERPRISES, INC						
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							I
Principal Place of Business Mailing Address							I II
•	*	C/O ALAN W. COHN	χ.				
C/O ALAN W. COHN 1152 N UNIVERSITY DR 1152 N UNIVERSITY DR							
PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE		
, emonone in						3. Date Incorporated or Qualifed	
						01/08/1991	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	r
21		26				26-3803751 Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additions	ıl ı
22		27				5. Certificate of Status Desired Fee Required	
City & State	8 -=	· City & State -				6. Election Campaign Financing 55.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible	
24	25 29 30					Personal Property Tax. ☐ Yes □ No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
COHN, ALAN W.			ļ,	82	Ctract Addr	ess (P.O. Box Number is Not Acceptable)	
1152 N UNIVERSITY DR			ľ	82	Street Addit	ess (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33024			1	83			
	. •						
	• •		1	84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the abo	ove-	-named corp	oration submits this statement for the purpose of changing its register	ed
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	nonzea i	וז עם	he corporation	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE		• •					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	2
12.	OFFICERS AND		13.				<u>Z</u> Idition
TITLE	0	DELETE	1.1 TITL			□ Quange □ N	io iuo ii
NAME	COHN, ALAN W.		1.2 NAM	ME			
STREET ADDRESS	1152 N UNIVERSITY DR		1.3 STR	REET/	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CiTY	Y-ST-	-ZIP		
TITLE			_				1.1'4'
		☐ DELETE	2.1 TITL			☐ Change ☐ A	ldition
NAME	<u>'</u> .	☐ DELETE	_	LE		☐ Change ☐ A	ldition
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	,	☐ DELETE	2.1 TITL 2.2 NAM 2.3 STR	LE ME REET/ TY-ST			dition
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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 of an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CfTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90197 046 ***150.00

Change

Change

Addition

☐ Addition