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95 APR 24 PM 4: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S44844 (6)		
1. Corporation Name AWS NETWORK, INC.		

Principal Place of Business 4110 PALM AIRE DR. W. APT. 101B POMPANO BCH. FL 33069 US	Mailing Address 4110 PALM AIRE DR. W. APT. 101 B POMPANO BCH. FL 33069 US
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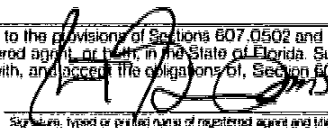
2. Principal Place of Business 21 4110 PALM AIRE DR. W. Suite, Apt. #, etc. 22 APT 106 A City & State 23 POMPANO BEACH FL Zip 24 33069	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 APT. 106 A City & State 28 POMPANO BEACH FL Zip 29 33069 Country 30 USA
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3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 04/20/1994
4. FBI Number 65-0255898	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent KATZ, PHILIP 1801 W CYPRESS CR RD SUITE 0-305 FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent 81 Name STUART GLASSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4110 PALM AIRE DR. W. 83 APT 106 A 84 City POMPANO BEACH FL 85 Zip Code 33069
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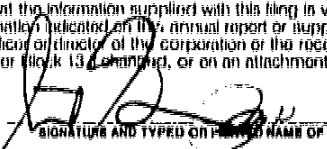
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  PRES. STUART GLASSMAN 4/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GLASSMAN, STUART
STREET ADDRESS	4110 PALM AIRE DR., W., APT. 101B
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	V
NAME	KATZ, PHILIP
STREET ADDRESS	3900 OAKS CLUBHOUSE DR., APT. 508
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:  STUART GLASSMAN 4/15/95 305-9744669
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Mailing Address)