Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90050 019 ***150.00

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 # **S64503**

1. Corporation Name

A.W. STU	JDIOS, INC.					
Principal Place	of Business	Mailing Address			T (90)1010 til ottin gjant gjili og tog tilt gjart gjart otti	# 81811 B(811 B1611 F061
510 RAVEN AVE. MIAMI SPRINGS FL 33166-5105 US 510 RAVEN AVE. MIAMI SPRINGS FL 33166-510 US					DO NOT WRITE IN THIS SPAC 3. Date incorporated or Qualifed	E
					07/15/1991	-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					65-0280599	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					E Contiforto of Status Desired / !	.75 Additional ee Required
City & State City & State			6. Election Campaign Financing. \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zip 24 25 29 30			Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent	· · ·
WELCH, ALLAN 510 RAVEN AVE			81	Name		
			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI SPRINGS FL 33166			83			
MINIM OF HINGO I E 33 100			"			
			84	City	FL 85	Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State	e of Florida. Such change was autho ations of, Section 607.0505, Florida	rized by Statutes	the corporati	oration submits this statement for the purpose of changon's board of directors. I hereby accept the appointment ad when reinstating)	as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	D		1,1 TITLE			hange Addition
NAME	WELCH, ALLAN		1.2 NAME			,
STREET ADDRESS	510 RAVEN AVE.		1.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP			14 CITY-S	T-ZIP	<u> </u>	
TITLE	D	☐ DELETE	2.1 TITLE			hange 📋 Addition
NAME	WELCH, LAUREL		22 NAME	Ì		
STREET ADDRESS	510 RAVEN AVE.		2.3 STREE	TADDRESS		ļ
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-S	ST-ZIP	ПС	hange Addition
TITLE			3.1 TITLE		·	- 2 -
NAME			3.2 NAME	T ADDRESS		
STREET ADDRESS		1	3.4. CiTY-S	i		
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	4.1 TITLE	51-Zir		hange Addition
NAME			4. 2 NAME			
STREET ADDRESS		į	4.3 STREE	TADDRESS	•)
CITY-ST-ZIP	i		4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			hange 🔲 Addition
NAME			5.2 NAME			,
STREET ADDRESS				TADDRESS		,
CITY-ST-ZIP			5.4 CITY- 8	ST-ZIP		hongs Maddition
TITLE		☐ DELETE	6.1 TITLE		C	hange 📋 Addition

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 the 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 an oper like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP