

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne E. Spivey
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39716** (8)

A & W PROPERTIES, INC.



2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202
2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **03/31/1995**
4. EIN Number: **59-3128949**
5. Corporate Status Designation: Applied For, Not Applied For
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. The corporation has liability for alternative tax under s. 189.032, Florida Statutes: Yes, No
\$5.00 May Be Added to Fees

2. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I understand that my name and address shall be a part of the public records of the State of Florida, and that I shall be liable for the payment of the fee for the appointment of a registered agent. I am not a resident of the State of Florida.

12. ADDITIONAL OFFICERS AND DIRECTORS

| | | | |
|---|---------------------|-------------------------|-----------------|
| D | AKEL, DANIEL D. | 2301 INDEPENDENT SQUARE | JACKSONVILLE FL |
| D | WILKINSON, SUSAN E. | 2301 INDEPENDENT SQUARE | JACKSONVILLE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | |
|---------|------------|---------|----------|-------------|---------|---------|
| 1. NAME | 2. ADDRESS | 3. CITY | 4. STATE | 5. ZIP CODE | 6. DATE | 7. TYPE |
| | | | | | | |

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I understand that my name and address shall be a part of the public records of the State of Florida, and that I shall be liable for the payment of the fee for the appointment of a registered agent. I am not a resident of the State of Florida.

SIGNATURE: *[Handwritten Signature]* 1/16/96 (904) 356-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)