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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 1:28

DOCUMENT # V46790

(4)

1. Corporation Name

AWD INS. & REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **755 NW 73RD TERRACE
MARGATE FL 33063**
Mailing Address: **755 NW 73RD TERRACE
MARGATE FL 33063**

3. Date Incorporated or Qualified: **06/30/1992** 3a. Date of Last Report: **04/13/1994**

4. FEI Number: **65-0339160** 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. 190.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 2a. Mailing Address

21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.

22. City & State: 27. City & State

23. Zip: 28. Zip Country: 29. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**DAGLIO, ALFRED W.
755 N.W. 73RD TERRACE
MARGATE FL 33063**

10. Name and Address of New Registered Agent

01. Name: 02. Street Address (P.O. Box Number is Not Acceptable): 03. City: 04. City: **FL** 05. Zip Code:

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

Signature of Registered Agent (if different from the registered agent)

Signature of Registered Agent (if different from the registered agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: **P DAGLIO, ALFRED W.**
STREET ADDRESS: **755 N.W. 73RD TERRACE**
CITY, STATE, ZIP: **MARGATE FL**

1. NAME: 1.1 NAME: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, STATE, ZIP: **NONE**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption as defined in Section 190.032, Florida Statutes. I further certify that the information as indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director of the corporation second to me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached report with an address.

SIGNATURE: *Alfred W. Daglio President*
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALFRED W. DAGLIO

1/10/95 305-978-3383