

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V59528
1. Corporation Name
A.W.S. COMPUTER TRAINING, INC.

(2)



Principal Place of Business

Mailing Address

8220 SW 41ST STREET
SUITE 210
DAVIE FL 33328
US

8220 SW 41 STREET
SUITE 210
DAVIE FL 33328
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1995 E. Oakland Park Blvd	26 1995 E. Oakland Park Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 350	27 350
City & State	City & State
23 Ft. Lauderdale FL	28 Ft. Lauderdale FL
Zip	Zip
24 33306	29 33306
Country	Country
25 Broward	30 Broward

3. Date Incorporated or Qualified	Applied For
08/21/1992	Not Applicable
4. FEI Number	
65-0352435	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALERMO, HARRY
20451 NW 2ND AVENUE
SUITE 210
NORTH MIAMI BEACH FL 33169

81 Name	Paul A. Koprowski
82 Street Address (P.O. Box Number is Not Acceptable)	10031 Pines Blvd. #224
83	
84 City	Pembroke Pines
85 Zip Code	33024

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 Paul A. Koprowski 4/20/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	P, VP, S,T,D
NAME	SPEARS, AMY W.	1.2 NAME	Amy W. Spears
STREET ADDRESS	8220 SW 41ST STREET	1.3 STREET ADDRESS	8220 S.W. 41st Street
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	Davie, FL
TITLE	D	2.1 TITLE	
NAME	PALERMO, HARRY	2.2 NAME	
STREET ADDRESS	20451 NW 2ND AVE.#210	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

Amy W. Spears
President

4/20/98 954 561-2222

CR2E034 (10/97)