FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V61947

1. Corporation Name
AW MORTGAGE COMPANY INC

Principal Place of Business
6100 Hollywood Blvd
suite 210
Hollywood FL 33024

Mailing Address
6100 Hollywood Blvd
Suite 210
Hollywood FL 33024

3. Date Incorporated or Qualified: 9-4-92
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1459742 ☐ 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

ARNOLD WOLF
6100 Hollywood Blvd ste 210
Hollywood FL 33024

10. Name and Address of New Registered Agent

81 Name: Stephen Fiske
82 Street Address (P.O. Box Number is Not Acceptable): 6100 Hollywood Blvd ste 211
83
84 City: Hollywood FL 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: President — 4/8/97
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/P/S ☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	WOLF, ARNOLD	1.2 NAME	FISKE, STEPHEN
STREET ADDRESS	6100 Hollywood Blvd #210	1.3 STREET ADDRESS	6100 Hollywood Blvd #210
CITY-ST-ZIP	Hollywood FL 33024	1.4 CITY-ST-ZIP	Hollywood FL 33024
TITLE	☐ DELETE	2.1 TITLE	D/S ☐ Change ☒ Addition
NAME		2.2 NAME	FISKE, ANDREW
STREET ADDRESS		2.3 STREET ADDRESS	6100 Hollywood Blvd #211
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood FL 33024
TITLE	☐ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME		3.2 NAME	FISKE ADRIENNE
STREET ADDRESS		3.3 STREET ADDRESS	6100 Hollywood Blvd #211
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hollywood FL 33024
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002143776
STREET ADDRESS		6.3 STREET ADDRESS	-04/15/97--01024--012
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

4/14/97

14. I/We 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.

SIGNATURE: 4/8/97 954-967-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)