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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M95663

1. Corporation Narre

(4)

BWG ASSOCIATES, INC.

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Apr	10	1997	8:00am
Se	cre	tary c	of State

Principal Plac	e of Business	Mailing /	Address							
218A E DAU GA	ALLIE BLVD	21BA E E	AU GALLIE BLVD	)		1				
#4				00007 4075						
			INDIAN HARBOR BCH FL 32937-4875 US				3. Date Incorporated or Qualified 3a. Date of Last Report 08/24/1988 04/26/1996			
1	Place of Business	2a. Mailii 26	ng Address				Number -2914434			oplied For of Applicable
Suite, Apt	#, etc	Suite	, Apt. #, etc.	<del>-</del>			tificate of Status Desir	red 🖸	\$8.75	Additional
22 City & Stat	IE	27     City 8	& State			6. Fled	ction Campaign Finan	cina		equired May Be
23		28		· · · · · · · · · · · · · · · · · · ·		Trus	st Fund Contribution		Added	to Fees
Z(p)	Country 25	Zip <b>29</b>		Count	ry		corporation has liabilida Statutes	lity for intangib Yes	le tax under s	. 199.032,
	9. Name and Address of C	urrent Registered	Agent			10. Nar	ne and Address of N	iew Registere	d Agent	
	RGE, BRUCE W.			8	1 Name		•			
	a e eau gallie by 4, ind i Sand dollar RD.	HBR BC, 32937	, 32937		2 Street	Address (P.O. I	Box Number is Not Ac	ceptable)	***************************************	
	ALANTIC FL 32903			8	3	· · · · · · · · · · · · · · · · · · ·				
				8	4 City		· · · · · · · · · · · · · · · · · · ·	F	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.150	08, Florida Statu	ites, the abo	ve-named	corporation sul	omits this statement for	or the purpose	of changing i	ts registered
	reasterea gaent ar nom in the	: State of Florida, Su		aumonzed :		poration s poard	i oi airectors. I nerebj	A screbt me st	opoinunent as	registered
office or i agent. La	registered agent, or both, in the am familiar with, and accept the	obligations of, Sect	lion 607.0505, F	lorida Statut	es.					1
office or i agent. La SIGNATURE	am familiar with, and accept the					required when reinst		DATE		
-	Signature typically princip a name of registe		cable (NO			required when reinst		DATE	ND DIRECTO	
SIGNATURE	Salvour types or pern a name of registrone of CER	ered agent and little if applic	cable (NO	TE Registered A	gent signature	required when reinst	ating)	DATE		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is rune 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 pack 13 if changed, or on an attachment with an address.

SIGNATURE.

NO TYPED OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

4/1/197 (401) 773-1187

0104704