

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087615 (9)

1. Corporation Name
BWVD HOTEL II, INC.

Principal Place of Business Mailing Address
**1065 RAINER DR.
ALTAMONTE SPRINGS FL 32716** **P.O. BOX 160007
ALTAMONTE SPRINGS FL 32716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/22/1993 **07/20/1994**

4. FEI Number Applied For
59-3219939 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**PIPKORN, TIMOTHY G
1065 RAINER DR.
ALTAMONTE SPRINGS FL 32716**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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, typed or printed name of registered agent and also 4 applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME **BROWN, GARY E**

STREET ADDRESS **P.O. BOX 160007 N/A**

CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32716**

TITLE D

NAME **VON WELLER, HAROLD J**

STREET ADDRESS **P.O. BOX 160008 N/A**

CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32716**

TITLE D

NAME **DAVIS, STEVEN S**

STREET ADDRESS **P.O. BOX 160007 N/A**

CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition

1.2 NAME

1.3 STREET ADDRESS **1065 Rainer Drive**

1.4 CITY - ST - ZIP **32714**

2.1 TITLE S/T Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE V Change Addition

3.2 NAME

3.3 STREET ADDRESS **1065 Rainer Drive**

3.4 CITY - ST - ZIP **32714**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:  **Gary E. Brown/President** 4/19/95 (407)869-0621

Signature and typed or printed name of signing officer or director Title Telephone #