

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

FILED
Jun 03 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 # P93000087615 (9)
 1. Corporation Name
BVWD HOTEL II, INC.

Principal Place of Business
**1065 RAINER DR.
 ALTAMONTE SPRINGS FL 32714
 US**

Mailing Address
**P.O. BOX 160007
 ALTAMONTE SPRINGS FL 32716**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 800 TRAFALGAR CT	26 800 TRAFALGAR CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 200	27 200
City & State	City & State
23 MAITLAND, FL	28 MAITLAND FL
Zip	Zip
24 32751	29 32751
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified
12/22/1993

4. FEI Number
59-3219939

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PIPKORN, TIMOTHY G
 1065 RAINER DR.
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **PIPKORN, TIMOTHY G.**

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

83 **SUITE 200**

84 City **MAITLAND** FL 85 Zip Code **32751**

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]* DATE **5/8/94**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, GARY E	
STREET ADDRESS	1065 RAINER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VON WELLER, HAROLD J	
STREET ADDRESS	P.O. BOX 160008 N/A	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, STEVEN S	
STREET ADDRESS	1065 RAINER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800 TRAFALGAR CT #200
1.4 CITY-ST-ZIP	MAITLAND, FL 32751
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	800 TRAFALGAR CT #200
2.4 CITY-ST-ZIP	MAITLAND, FL 32751
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	800 TRAFALGAR CT #200
3.4 CITY-ST-ZIP	MAITLAND, FL 32751
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	600002554438
6.4 CITY-ST-ZIP	-06/10/98-01035-032

4. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed. If filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information in this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an agent duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in front with an address.

SIGNATURE: *[Signature]* **Gary E. Brown** (407) 475-0800