

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

FILED

**May 08 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 # **P96000064732 (6)**
1. Corporation Name
BWWD WAREHOUSE, INC.



Principal Place of Business: **1065 RAINER DRIVE POST OFFICE BOX 160007 ALTAMONTE SPRINGS FL 32714 US**

Mailing Address: **1065 RAINER DRIVE POST OFFICE BOX 160007 ALTAMONTE SPRINGS FL 32716**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **800 TRAFALGAR CT**
Suite, Apt. #, etc.

22 **200**
City & State

23 **MAITLAND FL**
City & State

24 **32751** 25 **USA**
Zip Country

2a. Mailing Address

26 **800 TRAFALGAR CT**
Suite, Apt. #, etc.

27 **200**
City & State

28 **MAITLAND FL**
City & State

29 **32751** 30 **USA**
Zip Country

3. Date Incorporated or Qualified
08/02/1996

4. FEI Number
59-3392423

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 DRIVE
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 _____ (NIC) Registered Agent signature required when reinstating DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, GARY E	
STREET ADDRESS	POST OFFICE BOX 160007	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VON WELLER, HAROLD J	
STREET ADDRESS	POST OFFICE BOX 160007	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIS, STEVEN S	
STREET ADDRESS	POST OFFICE BOX 160007	
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	
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 officer 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.

Gary E. Brown 4/29/98 (407) 475-0800

CR2E034 (10/97)