

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

**APPROVED  
AND  
FILED**

**95 APR 24 PM 3: 13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morrison Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # S94711 (6)**

1. Corporation Name  
**BVWD HOTELS, INC.**

Principal Place of Business <b>P.O. BOX 160007 ALTAMONTE SPRINGS FL 32716</b>	Mailing Address <b>P.O. BOX 160007 ALTAMONTE SPRINGS FL 32716</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/18/1991</b>		3a. Date of Last Report <b>02/24/1994</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3097725</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  <b>BROWN, GARY E. 1065 RAINER DRIVE ALTAMONTE SPRINGS FL 32714</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GARY E.</b>	1.2 NAME	
STREET ADDRESS	<b>1065 RAINER DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	1.4 CITY - ST - ZIP	<b>32714</b>
TITLE	<b>D</b>	2.1 TITLE	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON WELLER, HAROLD J.</b>	2.2 NAME	
STREET ADDRESS	<b>1065 RAINER DRIVE</b>	2.3 STREET ADDRESS	<b>P.O. Box 160008</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	2.4 CITY - ST - ZIP	<b>32716</b>
TITLE	<b>D</b>	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, STEVEN S</b>	3.2 NAME	
STREET ADDRESS	<b>1065 RAINER DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY - ST - ZIP	<b>32714</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in 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:  **Gary E. Brown/President** **4/19/95** **(407)869-0621**