

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -3 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292530 (3)
1. Corporation Name
BAW INC



Principal Place of Business
**804 PALM HARBOR DR.
TOWN HOME
LEESBURG FL 34749
US**

Mailing Address
**P.O. BOX 423
LEESBURG FL 34749
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/03/1965	3a. Date of Last Report 01/22/1996
				4. FEI Number 59-1170183	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEEMS, LUCILLE W BOX 423 BOX 423 LEESBURG FL 34749				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 490423 83 804 PALM HARBOR DR 84 City Leesburg FL 85 Zip Code 34748	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE DEEMS, LUCILLE W 804 PALM HARBOR DR. LEESBURG FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 490423 (Mail)	
NAME DEEMS, LUCILLE W		1.2 NAME	
STREET ADDRESS 804 PALM HARBOR DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE WILLIAMS, BOYCE A. 509 GIBSON STREET LEESBURG FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 000002914350-6	
NAME WILLIAMS, BOYCE A.		2.2 NAME	
STREET ADDRESS 509 GIBSON STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE DEEMS, C.A. 11 P.O. BOX 478 LEESBURG FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 490478 (mail)	
NAME DEEMS, C.A. 11		3.2 NAME	
STREET ADDRESS P.O. BOX 478		3.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7435 Holy Hill Ln	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS Yalaha, FL 34797 (Home)	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: _____

SIGNATURE REQUIRED

8/10/97 352.324.2447

CR2E034 (4/97)