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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003232 (4)

**BWS CORPORATION** 

Principal Place of Business Mailing Address 2695 BUFORD HWY., N.E. 2695 BUFORD HWY., N.E. ATLANTA GA 30324 ATLANTA GA 30324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2185922 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BLAKELY, THOMAS A 2641 E. ATLANTIC BLVD., #201 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 63 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PDC DELETE Change \_\_\_ Addition 1.1 TITLE TITLE BLAKELY, THOMAS A 12 NAME NAME 2641 E. ATLANTIC BLVD., #201 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TATLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 part at attachment with an address.

CIONATURE.

1/5/40

**FILED** 

Apr 24 1998 8:00am

Secretary of State

225-2155

2E034 (10/97)