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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H07509** (3)

1. Corporation Name
B-W REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business B-W REAL ESTATE, INC. 2420 ENTERPRISE RD. #204 CLEARWATER FL 34623 US		Mailing Address B-W REAL ESTATE, INC. 2420 ENTERPRISE RD. #204 CLEARWATER FL 34623 US		3. Date Incorporated or Qualified 06/11/1984	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21 2420 ENTERPRISE ROAD	2a. Mailing Address 25 2420 ENTERPRISE ROAD	4. FEI Number 59-2440882		Applied For Not Applicable	
22 Suite, Apt. #, etc. SUITE 105	27 Suite, Apt. #, etc. SUITE 105	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State CLEARWATER FL	28 City & State CLEARWATER FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34623	25 Country	29 Zip 34623	30 Country	8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POSTON, WILLIAM G C/O NSI MANAGEMENT, INC 2420 ENTERPRISE ROAD, SUITE 204 CLEARWATER FL 34623				10. Name and Address of New Registered Agent B1 POSTON, WILLIAM G. B2 NSI MANAGEMENT, INC. B3 2420 ENTERPRISE ROAD SUITE 105 B4 City CLEARWATER FL B5 Zip Code 34623			
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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 if it is applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	NAME POSTON, WILLIAM G	1.1 TITLE XX Change <input type="checkbox"/> Addition	
STREET ADDRESS 2420 ENTERPRISE RD #204	CITY- ST- ZIP CLEARWATER FL	1.2 NAME	1.3 STREET ADDRESS 2420 ENTERPRISE ROAD SUITE 105
TITLE DP	NAME O NEILL, EDWARD J.	2.1 TITLE XX Change <input type="checkbox"/> Addition	
STREET ADDRESS 2420 ENTERPRISE RD #204	CITY- ST- ZIP CLEARWATER FL	2.2 NAME	2.3 STREET ADDRESS 2420 ENTERPRISE ROAD SUITE 105
TITLE	NAME	3.1 TITLE	3.2 NAME 300001472133
STREET ADDRESS	CITY- ST- ZIP	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP -05/03/95--01005--006
TITLE	NAME	4.1 TITLE	4.2 NAME ***200.00 ***200.00
STREET ADDRESS	CITY- ST- ZIP	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY- ST- ZIP	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY- ST- ZIP	6.3 STREET ADDRESS	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 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 power 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 as an attorney-in-fact with an address.

SIGNATURE: *Patrick J. O'Neill* **PATRICK J. O'NEILL** 4/10/95 313-534-4040
William G. Poston **WILLIAM G. POSTON** 4/10/95 813-725-9537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Indicate District Office #)