

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H07509 (3)**

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



Principal Place of Business: **B-W REAL ESTATE, INC. 2420 ENTERPRISE RD. #105 CLEARWATER FL 34623 US**
Mailing Address: **B-W REAL ESTATE, INC. 2420 ENTERPRISE RD. #105 CLEARWATER FL 34623 US**

3. Date Incorporated or Qualified: **06/11/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **3040 GULF TO BAY BLVD**
2a. Mailing Address: **3040 GULF TO BAY BLVD**
21. Suite, Apt. #, etc.: **STE. 205**
22. Suite, Apt. #, etc.: **STE. 205**
23. City & State: **CLEARWATER FL**
24. Zip: **34619** 25. Country: **US**
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28. City & State: **CLEARWATER FL**
29. Zip: **34619** 30. Country: **US**

4. FEI Number: **59-2440882**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**POSTON, WILLIAM G
C/O NSI MANAGEMENT, INC
2420 ENTERPRISE ROAD, SUITE 405
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent
81. Name: **POSTON, WILLIAM G
C/O NSI MANAGEMENT, INC.**
82. Street Address (P.O. Box Number is Not Acceptable): **3040 GULF TO BAY BLVD.**
83. **STE. 205**
84. City: **CLEARWATER** 85. Zip Code: **FL 34619**

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, Chapter 607.0505, Florida Statutes.

SIGNATURE: *William G Poston* DATE: **3/1/96**

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	POSTON, WILLIAM G	
STREET ADDRESS	2420 ENTERPRISE RD #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	O NEILL, EDWARD J.	
STREET ADDRESS	2420 ENTERPRISE RD #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	3040 GULF TO BAY BLVD. STE. 205
1.4 CITY-ST-ZIP	CLEARWATER FL 34619
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3040 GULF TO BAY BLVD. STE. 205
2.4 CITY-ST-ZIP	CLEARWATER FL 34619
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *P. O'Neill* **PATRICK J. O'NEILL** DATE: **3/1/96** TELEPHONE: **313-534-4040**

CR2E034 (12/95)