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

**CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

/c\

### BAW INVESTMENTS, INC.  Principal Place of Business   Mailing Addr.  \$1608 US 19 NORTH   31608 US 19  P.O. BOX 1020   P.O. BOX 1020  PALM HARBOR FL 34684   PALM HARBO					NORTH 10								
								3. Date Inc 04/25/	orporated or Qual	ified		of Last R 2/1996	eport
Principal Pi	lace of Busine	058.	2a.	Mailing Address				4. FEI Num			<u> </u>		plied For
			26					59-26	83505				t Applicable
Suite Apt. ·	#. etc		27	Suite, Apt. #, etc.				5. Certifical	te of Status Desire	ed [		\$8.75 A	
City & State	e	····	21)	City & State				6. Election	Campaign Financi	ing		\$5.00	
<u> </u>			28					3	nd Contribution	-		Added	
Zip		Country		Zip	Cour	ntry		,	poration has liabili				199.032,
<u></u>		25 and Address of (	29	tored Agent	30	<del></del>		Florida S	tatutes nd Address of Ne		res 🔲		
LAMI (			ourrent negra	neten Wäellt	<del></del>	81 Nan		IU. Name a	no Address of Ne	iw negla	IOTOU A	Beirr	•
WILSON, BETH S. 31608 US 19 NORTH					ļ	_1					<del></del>		
3100 	00 00 18 11	ONIT			ļ	82 Stre	et Addre	iss (P.O. Box N	lumber is Not Acc	eptable)	•		
PAL	M HARBOR	FL 34684			ľ	83		1,,,,,,		······································			
					}	<b>84</b> City						<b>85</b> Zip	Code
					Į	City					FL	21p	Code
office or re	egistered age	ant, or both in the	State of Floric	07.1508. Florida S da. Such change v f, Section 607.0506	vas authorized	l by the c	ed corpo orporation	pration submits on's board of c	this statement for directors. I hereby	the purp accept t	pose of o he appo	changing if intment as	s registered registered
office or re agent. I as IGNATURE.	egistered age m familiar wit	ent, or both in the h, and accept the or pinted name of region	e State of Florid obligations of	da. Such change v f, Section 607.0505 itapplicante	vas authorized	by the cules.	orporation	on's board of o	this statement for directors. I hereby 4S/CHANGES TO	accept (	he appo	intment as	registered
office or n agent. Lar IGNATURE.	egistered age m familiar wit	ent, or both in the h, and accept the or pinted name of region	State of Floric obligations of	da. Such change v f, Section 607.0505 itapplicante	vas authorized 5, Florida Statu INOTE: Registered 13.	by the cutes.  Agent signs	orporation	on's board of o	firectors. I hereby	accept (	DATE	intment as	registered
office or nagent. I an agent. I an agent. I an agent. I an agent. I an agent a	egistered agen familiar wit Signature typical DP WILSON,	ent, or both in the h, and accept the or protect name of regist OFFICER	State of Floric obligations of	da. Such change v f, Section 607.0508 Happicank CTORS	vas authorized 5, Florida Statu INOTE: Registered 13.	Agent signa	orporation	on's board of o	firectors. I hereby	accept (	DATE	Intment as	registered
office or reagent. I are IGNATURE.  2. THE AME IREET ADDRESS	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da. Such change v f, Section 607.0508 Happicank CTORS	NOTE: Registered  13.  1 LIT  1.2 NA  1.3 STI	Agent signa  LE  ME	orporatio	on's board of o	firectors. I hereby	accept (	DATE	Intment as	registered
office or reagent. Fair IGNATURE.  2. ILE AME IREET ADDRESS	egistered agen familiar wit Signature typical DP WILSON,	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0508 Bappicank CTORS	vas authorized 5, Florida Statu INOTE: Registered 13. 1 I IIT 1.2 NA 1.3 STI 1.4 CII	Agent signa LE ME REET ADDRES Y-ST-ZIP	orporatio	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOF	registered IS IN 12
office or reagent. Lar agent. Lar	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da. Such change v f, Section 607.0508 Happicank CTORS	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 1,4 CII 2,1 TIT	Agent signa LE ME REET ADDRES Y-ST-ZIP LE	orporatio	on's board of o	firectors. I hereby	accept (	DATE RS AND	Intment as	registered
office or reagent. Lar agent. Lar IGNATURE.  2. ILLE ILLE ILLE ILLE ILLE ILLE ILLE ILL	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0508 Bappicank CTORS	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 III 1.2 NA 1.3 STI 1.4 CII 2.2 NA	Agent signa  Agent signa  LE  ME  AREET ADDRES  Y-ST-ZIP  LE  ME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOF	registered IS IN 12
Office or reagert. Lar GNATURE. LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0508 Bappicank CTORS	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1.2 NA 1.3 STI 1.4 CIT 22 NA 23 STI	Agent signs  LE  ME  REET ADDRE  LE  ME  REET ADDRE	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOF	registered IS IN 12
office or reagent. Lar agent. Lar ignature.  2.  True  Index address  Ty-ST-ZIP  Index  Index address  Ty-ST-ZIP  Index address  Ty-ST-ZIP  Ty-ST-ZIP	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0508 Bappicank CTORS	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 1,4 CI 21 TIT 22 NA 23 STI 2 4 CI	Agent signs LE ME REET ADDRE: LE ME REET ADDRE: TY-ST-ZIP LE ME REET ADDRE: TY-ST-ZIP	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOF	registered  IS IN 12  Additio
office or reagent. Lar agent. Lar ignature.  2.  ILLE ILLE ILLE ILLE ILLE ILLE ILLE IL	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0506 diappleank- CTORS DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 1,4 CIT 22 NA 23 STI 2 4 CI 2 4 CI	Agent signa  Agent signa  LE  ME  REET ADDRE!  Y-ST-ZIP  LE  ME  REET ADDRE!  TY-ST-ZIP  LE	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change	registered  IS IN 12  Addition
office of reagent. Large agent.	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0506 diappleank- CTORS DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 14 CIT 22 NA 23 SII 2 4 CI 31 TIT 32 NA	Agent signa  Agent signa  LE  ME  REET ADDRE!  Y-ST-ZIP  LE  ME  REET ADDRE!  TY-ST-ZIP  LE	sorporation ture requires	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change	registered  IS IN 12  Addition
office or reagent. Large agent. Large agent. Large agent. Large agent ag	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508 if applicable CTORS DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 14 CIT 22 NA 23 SII 2 4 CI 31 TIT 32 NA 33 STI 34 CI 34 CI 34 CI 34 CI 34 CI 35 CI 36 CI 36 CI 37 CI 37 CI 37 CI 38 CI	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  TY-ST-ZIP  LE  ME  REET ADDRES  TY-ST-ZIP	sorporation ture requires	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change  Change	RS IN 12 Addition Addition Addition
office or reagent. Large agent.	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607,0506 diappleank- CTORS DELETE	vas authorizec  5, Florida Statu  INOTE: Registered  13.  11 TIT  1.2 NA  1.3 ST  1.4 CT  2.1 TIT  2.2 NA  2.3 STI  3.2 NA  3.3 STI  3.4 CT  4.1 TIT	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE	sorporation ture requires	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change	RS IN 12 Addition Addition Addition
office or reagent. 1 ar agent. 1 ar agent. 1 ar agent. 1 ar agent. 2.  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508 if applicable CTORS DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13. 11 TIT 1.2 NA 1.3 ST 1.4 CT 22 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA	Agent signs LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES TY-ST-ZIP LE ME REET ADDRES TY-ST-ZIP LE ME AME REET ADDRES TY-ST-ZIP LE AME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change  Change	RS IN 12 Additio
office or reagert. Largert. La	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508 if applicable CTORS DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13. 11 TIT 1.2 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.3 S	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  TY-ST-ZIP  LE  ME  REET ADDRES	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND	DIRECTOR  Change  Change	RS IN 12 Additio
office or ragert. Lar agert. Lar IGNATURE.  LE	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508 if applicable CTORS DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.4 CIT	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE  ME  REET ADDRES  IY-ST-ZIP  LE  AME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOR  Change  Change	RS IN 12 Additio
office or reagent. Lar agent. Lar GNATURE.  LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508  If applicable CTORS DELETE DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 12 NA 1.3 ST 14 CIT 22 NA 23 STI 32 NA 33 ST 34 CIT 42 NV 43 STI 44 CIT 44 CIT 44 CIT 45 CIT 46 CIT 47 CIT 47 CIT 48	Agent signs  Agent signs  Agent signs  LE  ME  REET ADDRE: Y-ST-ZIP  LE  ME  REET ADDRE: TY-ST-ZIP  LE  AME  REET ADDRE: TY-ST-ZIP  LE  AME  REET ADDRE: TY-ST-ZIP  LE  AME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOR Change Change Change	RS IIN 12 Additio
office or reagent. Large agent.	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508  If applicable CTORS DELETE DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13.  11 TIT 1.2 NA 1.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CI 5.1 TIT 5.2 NA	Agent signs  Agent signs  Agent signs  LE  ME  REET ADDRE: Y-ST-ZIP  LE  ME  REET ADDRE: TY-ST-ZIP  LE  AME  REET ADDRE: TY-ST-ZIP  LE  AME  REET ADDRE: TY-ST-ZIP  LE  AME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOR Change Change Change	RS IN 12 Additio
Office or reagent. Large agent.	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508  If applicable CTORS DELETE DELETE	vas authorizec 5, Florida Statu INOTE: Registered 13. 11 TIT 1,2 NA 1,3 STI 1,4 CII 22 NA 23 STI 2 4 CI 31 TIT 32 NA 33 STI 4 2 NO 41 TIT 4 2 NO 4,3 STI 4 2 NO 4,5 STI 5,2 NA 5,3 STI	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  TY-ST-ZIP  LE  ME  REET ADDRES  ME  REET ADDRES  ME  ME  ME  ME  ME  ME	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOR Change Change Change	RS IIN 12 Additio
office or reagent. Large agent.	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0508  If applicable CTORS DELETE DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13.  11 TIT 1.2 NA 1.3 STI 2.2 NA 2.3 STI 3.4 CI 4.1 TIT 4.2 NA 3.3 STI 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 5.1 TIT 5.2 NA 5.3 ST	Agent signs  Agent signs  LE  ME  REET ADDRES  Y-ST-ZIP  LE  ME  REET ADDRES  TY-ST-ZIP	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOR Change Change Change	registered  IS IN 12 Addition Addition Addition Addition Addition
Office or reagent. Lar agent. Lar	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0506  Bapticante CTORS DELETE DELETE DELETE DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13.  11 TIT 1.2 NA 1.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 5.5 TIT 5.2 NA 5.3 ST	Agent signs  Agent signs  LE  ME  ME  REET ADDRES  LE  ME  REET ADDRES  TY-ST-ZIP  LE	ture requirer	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOF  Change  Change  Change	registered  IS IN 12 Addition Addition Addition Addition Addition
office or reagent. I are IGNATURE.  2. ILE AME IREET ADDRESS	egistered agen familiar wit Stphature typical DP WILSON, 31608 US	ent, or both in the h, and accept the or posted name of region OFFICEF  BETH S. 3 19 NORTH	State of Floric obligations of	da Such change v f, Section 607.0506  Bapticante CTORS DELETE DELETE DELETE DELETE	vas authorizec 5, Florida Statu  INOTE: Registered 13.  11 TIT 1,2 NA 1,3 STI 1,4 CIT 22 NA 23 STI 2 4 CI 31 TIT 32 NA 33 STI 44 CIT 42 NV 43 STI 44 CIT 51 TIT 52 NA 53 ST 54 CIT 61 TITI 62 NA	Agent signs  Agent signs  LE  ME  ME  REET ADDRES  LE  ME  REET ADDRES  TY-ST-ZIP  LE	ss ss ss ss ss	on's board of o	firectors. I hereby	accept (	DATE RS AND [	DIRECTOF  Change  Change  Change	registered

**FILED** 

Jan 28 1997 8:00am

Secretary of State