

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L28369 (1)

1. Corporation Name

B & W ENTERPRISES TRYALS SHOPS, INC.



Principal Place of Business

**6106 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

Mailing Address

**6106 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **P.O. Box 1192**

27 **LAND O'LAKES**

28 **FL**
29 **34639** 30 Country

3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
04/20/1995

4. FEI Number

59-2979522

Applied For

Not Applicable

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

**DAME, ELWOOD S.
6106 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

10. Name and Address of New Registered Agent

81 Name

DAME ELWOOD S.

82 Street Address (P.O. Box Number is Not Acceptable)

83 **17328 LINDA VISTA CIR**

84 City

LUTZ

FL

85 Zip Code

33549

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 and then if applicable

Signature, typed or printed name of registered agent, if and then if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **DAME, ELWOOD S.**
STREET ADDRESS **17328 LIND VISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL**

TITLE **D** ☐ DELETE
NAME **DAME, ELWOOD S.**
STREET ADDRESS **17328 LIND VISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Elwood S. Dame

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elwood S. Dame

3-1-96

813 961-4241

Date

Daytime Phone #

CR2E034 (12/95)