## 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 # L40997

(3)

B & W REALTY, INC.

FILED
May 06 1998 8:00am
Secretary of State



| Dringing Diag                               | - In  | N 12 A 14                             |                    |   |  |                              |                        |  |
|---|---|---------------------------------------|--------------------|---|--|------------------------------|------------------------|--|
| Principal Place of Business Mailing Address |   |                                       |                    |   |  |                              |                        |  |
| B & W REAL<br>1061 MAITLA                   | LIT, INC<br>AND CTR COMMONS, STE 204              | PO BOX 3278<br>P. O. BOX 3278         |                    |   |  |                              |                        |  |
| MAITLAND FL 32751                           |   | LONGWOOD FL 3                         | 32779              |   | DO NOT WRITE IN THIS   | DO NOT WRITE IN THIS SPACE   |                        |  |
| U\$   |   | U\$<br>                               |                    |   | <ol> <li>Date Incorporated or Qualified</li> <li>01/05/1990</li> </ol>                                       |                              |                        |  |
|   | Place of Business                                 | 2a. Mailing Addres                    | ss                 |   | 4. FEI Number  | A                            | pplied For             |  |
| 21  |   | 26                                    |                    |   | 59-2986459   |                              | lot Applicable         |  |
| Sulte, Apt.                                 | . #, <b>G</b> IC.                                 | Suite, Apt. #, e                      | etc.               |   | 5. Certificate of Status Desired   |                              | Additional             |  |
| 22<br>City & Stat                           | la .  | City & State                          | <del></del>        |   |  |                              | lequired               |  |
| 23  |   | 28                                    |                    |   | Election Campaign Financing     Trust Fund Contribution  |                              | May Be                 |  |
| Zip   | Country   | Zip Country                           |                    | 8. This corporation owes or has paid the co |  |                              |                        |  |
| 24  | 25  | 29                                    | 30                 | •   | Personal Property Tax due June 30.   |                              | No.                    |  |
|   | 9. Name and Address of Curre                      | · · · · · · · · · · · · · · · · · · · |                    |   | 10. Name and Address of New Registered   |                              | <b>3</b>               |  |
| WI  | ILEY, CHARLES E                                   |                                       |                    | B1 Name                                     |  |                              |                        |  |
|   | 61 MAITLAND CENTER COMMO                          | ons                                   | -                  | 82 Street                                   | Address (P.O. Box Number is Not Acceptable)  |                              |                        |  |
| ST  | TE. <b>204</b>                                    |                                       |                    | 0.000                                       | real bas (1.6. Box Hamber to Hot receptable)   |                              |                        |  |
| MA  | AITLAND FL 32751                                  |                                       |                    | 83  |  |                              |                        |  |
|   |   |                                       | -                  | 84 City                                     | FI   | <b>85</b> Zip                | Code                   |  |
| 44 Pureuant                                 | to the provisions of Socious 607.06               | 02 and 607 1509 Florids               | Statutes, the air  | oue period                                  |  |                              |                        |  |
| office or r                                 | registered agent, or both, in the Stat            | e of Florida, Such change             | e was authorized   | by the cor                                  | corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap     | pointment as                 | registered             |  |
| •   | am familiar with, and accept the obli             | gations of, Section 607.05            | 505, Horida Stati  | nes.  |  |                              |                        |  |
| SIGNATURE                                   | Signature, typed or printed name of registered as | pent and title if a mucable           | (NOTE: Benistered  | Apent signature                             | e required when reinslating) DATE  | <del></del>                  |                        |  |
| 12.   | <del></del>                                       | ND DIRECTORS                          | 13,                |   | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTOR                   | RS IN 12               |  |
| TITLE                                       | DPST  | ☐ DEL€                                | ETE 1,1 TIT        | L.E   |  | Change                       | Addition               |  |
| NAME  | CHARLES WILEY                                     |                                       | 1.2 NA             | ME  |  |                              |                        |  |
| STREET ADDRESS                              | \$32 FOREST PARK CIR.                             |                                       | 1.3 ST             | REET ADDRESS                                |  |                              |                        |  |
| CITY-ST-ZIP                                 | LONGWOOD FL                                       |                                       | 1,4 CIT            | Y-ST-ZIP                                    |  |                              |                        |  |
| TITLE                                       | _   | DELE                                  | TE 2.1 TI3         | LE  |  | Change                       | Addition               |  |
| NAME  |   |                                       | 2.2 NA             | ME  |  |                              |                        |  |
| STREET ADDRESS                              |   |                                       | 2.3 STI            | REET ADDRESS                                |  |                              |                        |  |
| CITY-ST-ZIP                                 |   | ····                                  |                    | IY-SI-ZIP                                   |  |                              |                        |  |
| TITLE                                       |   | ☐ DELE                                |                    |   |  | Change                       | Addition               |  |
| NAME  |   |                                       | 3.2 NA             |   |  |                              |                        |  |
| STREET ADDRESS                              |   |                                       |                    | IEET AODRESS                                |  |                              |                        |  |
| CITY-ST-ZIP<br>TITLE                        |   | ☐ DELE                                |                    | Y-ST-ZIP                                    |  | Change                       | Andria -               |  |
| NAME  |   |                                       |                    |   |  | L. Unange                    | Addition               |  |
| STREET ADDRESS                              |   |                                       | 4. 2 NA            |   |  |                              |                        |  |
| CITY-ST-ZIP                                 |   |                                       |                    | REET ADDRESS                                |  |                              |                        |  |
| TITLE                                       |   | DELE                                  |                    | Y-ST-ZIP<br>LE                              |  | Change                       | Addition               |  |
| NAME  |   |                                       | 5.2 NAI            |   |  |                              |                        |  |
| STREET ADDRESS                              |   |                                       |                    | REET ADDRESS                                |  |                              |                        |  |
| CITY-ST-ZIP                                 |   |                                       |                    | Y-ST-ZIP                                    |  |                              |                        |  |
| TITLE                                       |   | ☐ DELE                                |                    |   |  | Change                       | Addition               |  |
| NAME  |   |                                       | 6.2 NA             |   |  |                              |                        |  |
| STREET ADDRESS                              | •   |                                       |                    | EE1 ADDRESS                                 |  |                              |                        |  |
| CITY-ST-ZIP                                 | <u> </u>  |                                       |                    | Y-ST-ZIP                                    |  |                              |                        |  |
| 14. I hereby o                              | certify that the information supplied             | with this filing does not or          | ualify for the exe | mption state                                | ed in Section 119.07(3)(i), Florida Statutes. I further o  | ertify that the              | information            |  |
| officer or a                                | director of the corporation or the rec            | ceiver or trustee empower             | red to execute th  | unat my sig<br>iis report as                | mature shall have the same legal effect as if made us<br>required by Chapter 607, Florida Statutes; and that | nger oath; tha<br>my name an | at I am an<br>pears in |  |
| Block 12 (                                  | or Block 13 if changed, or on an atta             | achment with an address               |                    | ,   |  |                              | 40                     |  |