

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

CMRRR# Z 167 562 931

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L45382** (3)
1. Corporation Name
S.B.W. CONSULTANTS, INC.



Principal Place of Business: ~~2101 W. COMMERCIAL BLVD SUITE 4000 MIAMI LAUDERDALE FL 33308~~
Mailing Address: ~~2101 W. COMMERCIAL BLVD SUITE 4000 MIAMI LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified: **01/26/1990**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **65-0179674**
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

2. Principal Place of Business
21. **201 S. Biscayne Blvd.**
Suite, Apt. #, etc.: **Suite 2950**
City & State: **Miami, FL**
Zip: **33131** Country: **USA**
2a. Mailing Address
26. **201 S. Biscayne Blvd.**
Suite, Apt. #, etc.: **Suite 2950**
City & State: **Miami, FL**
Zip: **33131** Country: **USA**

9. Name and Address of Current Registered Agent
BRONSON, STEVEN N
~~**2101 WEST COMMERCIAL BLVD**~~
~~**SUITE 4000**~~
~~**MIAMI LAUDERDALE FL 33308**~~

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **201 S. Biscayne Blvd.**
83. **Suite 2950**
84. City: **Miami** FL 85. Zip Code: **33131**

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: _____ DATE: _____
Signature, type or printed name of registered agent and that, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRONSON, STEVEN N.	
STREET ADDRESS	2101 W. COMMERCIAL BLVD	
CITY - ST - ZIP	MIAMI LAUDERDALE 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		
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	201 S. Biscayne Blvd.
1.4 CITY - ST - ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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, changed, if on an attachment with an address.

SIGNATURE: _____ DATE: **4/30/96** (305) 536-8500
Signature, type or printed name of signing officer or director Date Company Phone #

CR2E034 (12/95)