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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L45382**

1. Corporation Name

S.B.W. CONSULTANTS, INC.

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90047 021 ***150.00



Principal Place	e of Business	Mailing Address		ļ				
201 S BISCAYN	IE BLVD	201 S BISCAYNE BLVD						
SUITE 2950		SUITE 2950						
MIAMI FL 33131		MIAMI FL 33131			DO NOT WRI	TE IN THIS SI	ACE	
US		US			3. Date Incorporated or Qualifed			
					01/26/1990			
2. Principal P	lace of Business	2a. Mailing Address	and cil	O ENI	4. FEI Number		. Ар	plied For
21		126 16 8051 20	end Suite	(301]	65-0179674		No	Applicable [
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 <i>p</i>	
22		27			3. Certificate of olding Doomed		Fee Re	quired
City & Stat	e	City & State	. 11/		6. Election Campaign Financing		\$5.00	May Be
23		28 NW VOK	NY		Trust Fund Contribution	<u>. </u>	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intan	gible	
24	25	29 10022 3	0 US	,]	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Ag	ent	
			81 Na	ameLa	d Comparta Se	ruias.	Inc.	
	TED CORPORATE SERVICES, INC.	•	82 St	United	s (P.O. Box Number is Not Accepta	· • · <u>• · · </u>	٠ ١٠ ١٠٠٠	
	NORTHEAST 167TH STREET		02 31	9200	Sindeland	Blud		
SUIT	E 300		83	~I		<u> </u>		
N. M	IIAMI BEACH FL 33162		1	<u>Ste.</u>	508	-		
			84 Ci	ity Mi	0.100	۴ı	85 Zip 0	ode /
44 Dumunat	to the provisions of Sections 607.0502	and 607 1509 Elorida Statutes	the above na	med comors	ation submits this statement for the	numose of ch		
office or r	registered agent, or both, in the State o	if Florida. Such change was auft	norized by the i	corporation:	s board of directors. I hereby accep	t the appointm	nent as re	gistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	اما	1- ~		alan	
SIGNATURE	muse a.D	ar pres	United	Corp		<u>V: //4</u>	<u> 19199</u>	
40	Signature, tyled or printed name of registered agent OFFICERS AND		egistered Agent sign	ature required w	ADDITIONS/CHANGES TO OF	EICEDS AND	DIRECTO	PS IN 12
12.	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	· =			J		_		
NAME	BRONSON, STEVEN N.	250	1.2 NAME					
STREET ADDRESS	201 S BISCAYNE BLVD. STE. 29	950	1.3 STREET ADDI	RESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	2.1 TITLE	1		Ł	_i Change	☐ Addition
NAME			2.2 NAME					İ
STREET ADDRESS			2.3 STREET ADD	RESS	وعاج المحايسينين يسابسون لأالا	مرسيسهم يسدد		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	·				
TITLE		☐ DELETÉ	3.1 TITLE			Ľ] Change	Addition
NAME			3.2 NAME					
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CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			[Change	☐ Addition
NAME				i				
STREET ADDRESS			4.2 NAME		•			
ALLICE LADRICES			4.2 NAME 4.3 STREET ADDR	RESS	•			,
CITY OT 7ID			4.3 STREET ADDR		,			ĺ
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP