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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L81622

BFW ADVERTISING, INC.

	ŀ	ILEL)
Mar	25	1997	8:00am
Se	cre	tary of	f State

Principal Place of Business	•	Mailing Address		I DESCRETE OUR ESTABLISHED BLICK CONTROL	-		
C/O JAMES M. WORKMAN 5205 NW 33RD AVE. FT. LAUDERDALE FL 33309	5205 NW 33RD	C/O JAMES, W. WORKMAN 5205 NW 33RD AVE FT. LAUDERDALE FL 33309-6302					
,	US				3. Date Incorporated or Qualified		
2. Principal Place of Business	2a. Mailing Ad	dress		4. FEI Number 65-0204794	Applied For		
[21] Suite Apr. # etc.	26 Suite, Apt.	# Als		00-0204784	Not Applicabl		
[22]	27	#, GIG.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State)		6. Election Campaign Financing			
23	28			Trust Fund Contribution	Added to Fees		
Zφ Country	Zφ	c	ountry	8. This corporation has liability to	for intringible tax under s. 199 032,		
24 25	29	30		Florida Statutes	Yes No		
.	s of Current Registered Agent	<u> </u>	81 Name	10. Name and Address of New	Registered Agent		
WORKMAN, JAMES M.			Name	3			
5205 NW 33RD AVE. FT. LAUDERDALE FL 3330	Δ.		82 Stree	t Address (P.O. Box Number is Not Accep	otable)		
FT. LAUDERDALE FL 3330	rs ·		83				
			84 City		FL 85 Zip Code		
agent Tam femaliar with and accept SIGNATURE	of the obligations of Section 60	(NOTE: Registe	ired Agent signate	re required when reinstating)	DATE		
	ICERS AND DIRECTORS	13	·	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12		
THE D			THLE		Change Additio		
WORKMAN, JAMES			NAME				
STHEET ADDRESS 5205 NW 33RD AVE			STREET ADORESS	1			
			CITY-ST-ZIP		Change Additio		
DANIOUT MODICO			NAME		Li change Lii Manno		
STREET ATRIBLES 5205 NW 33RD AVE			: NAME I STREET ADDRESS		•		
CHY SLIZE FT. LAUDERDALE FL			4 CITY-SI-ZIP				
1016			TITLE		Change Additio		
NAM:		3.2	NAME				
STEEL (ASSUMENS)		3.3	STREET ADDRESS				
City-St-ZiP		3.4	I. CITY - ST - ZIP				
TISLE		DELETE 4.1	TITLE		Change Additio		
NAME		4 :	2 NAME				
\$156F1 ADDRESS		43	STREET ADDRESS	: 			
CHY-\$1-73°			CITY-ST-ZIP				
T-fk.F		DELETE 51	TITLE		L] Change [] Additio		
NAME		52	NAME				
STREET ACORESS		5.3	STREET ADDRESS				
CHY 51-Ye			CITY-ST-ZIP				
TITLE	L		TALE		Change Additio		
NAVE			P NAME				
STREET ADDIGGES			STREET ADDRESS				
CHY+SI+ZIP		6.4	I CITY-ST-7iP	1			

14. To hereby certify that the information supplies 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 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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR