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 # L95460

(6)

BW I, INC.

FILED Apr 18 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Principal Place of Business	Mailing Address	
HOLLAND & KNIGHT 701 BRICKELL AVENUE. 30TH FLOOR MIAMI FL 33131	HOLLAND & KNIGHT 701 BRICKELL AVENUE, 30TH FLOOR MIAMI FL 33131-2822	

					08/23/1990	05/01/1996				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			59-3937463		No	t Applicable		
Suite, Apt.	Sulte, Apt. #, etc. Suite, Ap		e, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re			
City & Stat	θ	City & State				6. Election Campaign Financing		\$5.00	May Be	
23 28						Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	intanoible 1	tax under s	. 199.032.	
24	25	29	30] Yes [1	
	9. Name and Address of Curren		- 4554			10. Name and Address of New Re	gistered A	gent		
WING, JAMES D. HOLLAND & KNIGHT 701 BRICKELL AVENUE, 30TH FLOOR MIAMI FL 33131		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83								
				84	City			85 Zip (Code	
l .				04	Oity		FL	103 EID		
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	2 and 607,1508, Florida State of Florida, Such change was ations of, Section 607,0505, F	utes, the at s authorized Florida Stal	bove d by lutes	e-named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the appo	changing it intment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	oil and title if applicable (NO	OTE: Registered	d Age	n: signature requ	fred whon reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	OP .	DELETE	1.1 TI	Tt F				Change	Addition]	
NAME	BRUNSWICK, AARON		1.2 N/	AME						
STREET ADDRESS	2220 AVENUE OF THE STARS	, 804 W.	1.3 S1	REE1.	ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA		1.4 CI	1Y-\$1	T-ZIP				1	
TITLE		DELFTE	2.1 T/	TLE				☐ Change	Addition	
NAME			2.2 N/	AME						
STREET ADDRESS			2.3 ST	REE1	ADDRESS					
CITY-ST-ZIP			2 4 C						1	
TITLE		DELETE	3.1 11					Change	☐ Addition	
NAME			3.2 N	AME			-			
STREET ADDRESS			3.3 ST	RELT	ADDRESS					
CITY-ST-ZIP			3.4. C							
TITLE		DELETE	4.1 11					Change	☐ Addition	
NAME	1		4. 2 N						1	
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP	-		4.4 CI			•				
TITLE	14.	DELETE	5.1 TI		1-21			Change	Addition	
NAME		<u></u>	5.2 N/						_	
STREET ADDRESS					ADDRESS					
		•	5.4 CI							
CITY-ST-ZIP		T DELETE	5.4 U		1-211			Change	Addition	
NAME			5.1 N				'			
					*DDDECC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	Tartife that the later and the same	d It this time does not are	6.4 CI	IY-S	I-ZIP	d in Castian 110 07/9V// Florido Statuto	n 1 further	portify that	tho	

I do 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam 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 33 if changed, or of in attachment withy an address.