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

FILED PROFIT May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 M36385 DOCUMENT # (6) **BWM ENTERPRISES, INC.** Principal Place of Business Mailing Address 4963 SW 32ND WAY 5973 S UNIVERSITY DR FT LAUDERDALE FL 33312 #2-181 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 08/06/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2704807 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORRIS, BETH 7040 W PALMETTO PK ROAD #2-181 ddress (P.O. Box Number is Not Acceptable 82 SUITE #109 83 BOCA RATON FL-23433 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 Signature, typed or prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE 1.1 TITLE ___ Addition MORRIS, BETH NAME 1.2 NAME 4963 SW Band Way Ft. Lauderdale, FL 33312 3491 PALLADIAN CIRCLE 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZiP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS**

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 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, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition