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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M88449

(7)

1. Corporation Name

BWB RESEARCH, INC.

Principal Place of Business

BOX 133, MAPLE ROW
CROMPOND NY 10517

Mailing Address

BOX 133, MAPLE ROW
CROMPOND NY 10517



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KURLAND, ELISSA R.
727 N.E. 3RD AVE.
SUITE 201
FT. LAUDERDALE FL 33304

Change to address only →

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9853 Pines Boulevard

Pembroke Pines FL

84 City

Pembroke Pines

FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of person being appointed as registered agent

Signature of Registered Agent

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

BLOCHER, ROBERTA

STREET ADDRESS

1816 S.W. 85TH AVE.

CITY, ST, ZIP

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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)(b), Florida Statutes. I further certify that the information indicated on this 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, the officer or director named was duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13a if changed, or in Block 13b if not changed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA BLOCHER 2/23/96 (914) 508-3477

CR2E034 (12/95)