

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90019 001 *1,540.00

DOCUMENT # N98000002234

1. Corporation Name

BW6 FACILITIES ASSOCIATION, INC.

Principal Place of Business
311 PARK PLACE BOULEVARD
CLEARWATER FL 33759

Mailing Address
311 PARK PLACE BOULEVARD
CLEARWATER FL 33759



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3510481	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR, P.A. 911 CHESTNUT STREET CLEARWATER FL 33756				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Sellinger, John A.					
1.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600					
1.4 CITY-ST-ZIP Clearwater, FL 33759					
2.1 TITLE Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME Miller, Francine					
2.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600					
2.4 CITY-ST-ZIP Clearwater, FL 33759					
3.1 TITLE Secretary/Treas./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME Small, Ed					
3.3 STREET ADDRESS 311 Park Place Boulevard, Suite 600					
3.4 CITY-ST-ZIP Clearwater, FL 33759					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/20/99 727-796-0911

CR2E037 (5/99)