

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).

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

09-01-1999 90019 001 *1,540.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002239 ✓

1. Corporation Name
BW5 FACILITIES ASSOCIATION, INC.

Principal Place of Business 311 PARK PLACE BLVD CLEARWATER FL 33759	Mailing Address 311 PARK PLACE BLVD CLEARWATER FL 33759
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/17/1998	4. FEI Number 59-3510440	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
 JOHNSON BLAKELY POPE BOKOR RUPPEL & BURNS
 911 CHESTNUT STREET
 CLEARWATER FL 33756

10. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, THERESA	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SELLINGER, JOHN A	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SIKORSKI, FRED J	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 Date: 8/20/99 Daytime Phone #: 727-796-0911

CR2E037 (5/99)