FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P27802** **(8)**

1. Corporation Name
BW SALE CORP.

Principal Place of Business	Mailing Address
5900 N. Andrews Ave. Suite 700A Ft. Lauderdale, FL 33309	5900 N. Andrews Ave. Suite 700A Ft. Lauderdale,FL 33309

2. Principal Place of Business	2a. Mailing Address
21 5900 N. Andrews Ave. (Suite, Apt. #, etc.)	26 5900 N. Andrews Ave. (Suite, Apt. #, etc.)
22 Suite 700A (City & State)	27 Suite 700A (City & State)
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
Zip / Country: 24 33309 / 25 Broward	Zip / Country: 29 33309 / 30 Broward

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 04/25/1996
4. FEI Number: 04-3069713 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 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 printed name of person executing this and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	FONTE, DOUGLAS		1.2 NAME	James W. Hoag	
STREET ADDRESS	4121 S US HIGHWAY 1		1.3 STREET ADDRESS	100 Cherokee Cove Dr.	
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-ST-ZIP	Vonore, TN	
TITLE	V/S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DICKES, GLENN P.		2.2 NAME		
STREET ADDRESS	625 MADISON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		2.4 CITY-ST-ZIP		
TITLE	V/CF	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	EVINS, DAVID M.		3.2 NAME	Thomas E. Kohut	
STREET ADDRESS	4121 S. US. HIGHWAY #1		3.3 STREET ADDRESS	625 Madison Ave.	
CITY-ST-ZIP	EDGEWATER FL		3.4 CITY-ST-ZIP	New York, NY	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SALIG, JORAM C.		4.2 NAME		
STREET ADDRESS	625 MADISON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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.

SIGNATURE: Thomas E. Kohut — THOMAS E. KOHUT — (954) 772-0550