

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

FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
5900 N ANDREWS AVE  
SUITE 700A  
FT LAUDERDALE FL 33309  
US

Mailing Address  
5900 N ANDREWS AVE  
SUITE 700A  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/18/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-3069713	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	HOAG, JAMES W	1.2 NAME	J. Eric Hanson
STREET ADDRESS	100 CHEROKEE COVE DR	1.3 STREET ADDRESS	35 East 62ND Street
CITY-ST-ZIP	VONORE TN	1.4 CITY-ST-ZIP	New York, NY 10021
TITLE	V/S	2.1 TITLE	VAS
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	New York, NY 10022
TITLE	V	3.1 TITLE	VC
NAME	KOHUT, THOMAS E	3.2 NAME	
STREET ADDRESS	625 MADISON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10022
TITLE	V	4.1 TITLE	VS
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	New York, NY 10022
TITLE		5.1 TITLE	VAT
NAME		5.2 NAME	Gerry Roth Kessel
STREET ADDRESS		5.3 STREET ADDRESS	625 Madison Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10022
TITLE		6.1 TITLE	VAS
NAME		6.2 NAME	Marvin Schaffer
STREET ADDRESS		6.3 STREET ADDRESS	625 Madison Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10022

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 in an attachment with an address.

SIGNATURE:

Thomas E. Kohut

01/15/98

(954) 772-0550

CR2E034 (10/97)