

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028329 (9)

1. Corporation Name

B & W CONSULTING, INC.



Principal Place of Business

603 GARLAND CIR  
INDIAN ROCKS BCH FL 33785  
US

Mailing Address

603 GARLAND CIR  
INDIAN ROCKS BCH FL 33785  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2800 PASO DE VIVAZ		26 8652 NAVARRE PKWY		04/16/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 #324		59-3175810	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 NAVARRE		28 NAVARRE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. 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 FL 32561	25 SANTA ROSA	29 FL 32561	30 SANTA ROSA		

9. Name and Address of Current Registered Agent

MOORE, BETH  
2800 PASO DE VIVAZ  
NAVARRE FL 32566

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 registered agent and title if applicable

BETH MOORE

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 30<sup>TH</sup> '98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, BETH			1.2 NAME	MOORE, BETH		
STREET ADDRESS	603 GARLAND CIR			1.3 STREET ADDRESS	2800 PASO DE VIVAZ		
CITY-ST-ZIP	INDIAN ROCKS BCH FL			1.4 CITY-ST-ZIP	NAVARRE, FL 32566		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHRAPNEL, CARY			2.2 NAME	SHRAPNEL, CARY		
STREET ADDRESS	603 GARLAND CIR			2.3 STREET ADDRESS	2800 PASO DE VIVAZ		
CITY-ST-ZIP	INDIAN ROCKS BCH FL			2.4 CITY-ST-ZIP	NAVARRE, FL 32566		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BETH MOORE

APRIL 30<sup>TH</sup> '98

CR2E034 (10/97)