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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P93000076946

BWK INVESTMENT CORPORATION

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90099 006 ***150.00



Principal Place	e of Business	Mailing Address			TORE FROSA MELLA LARES ASTREM AND SAME	
9600 KOGER BOULEVARD SUITE 200 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702		SUITE 200		DO NOT WRITE IN	THIS SPACE	
US US				3. Date Incorporated or Qualifed		
				11/01/1993		4
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For	
21 801	83 AVENUE N.		NUE N.	59-3208778	Not Applicable	4
Suite, Apt. 22 / /9		Suite, Apt. #, etc. 27 / 1 9	/ ₁₀	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	PETERSBURG FL	City & States 28 ST. FETERSBU		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 337		29 33702 30 F	INELLAS	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New Registe	red Agent	-
BUTLER, RICHARD C 801 83RD AVENUE NORTH			81 Name			
			82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
	E 119		83			
ST P	PETERSBURG FL 33702		84 City		85 Zip Code	7
					FL 65 Ep 5005	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligati	f Florida. Such change was authorize	ed by the corporation	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing its registered ppointment as registered	
SIGNATURE				when reinstating) DAT		1
40-	Signature, typed or printed name of registered agent		d Agent signature required	ADDITIONS/CHANGES TO OFFICER		\dashv
12.	OFFICERS AND	781112414714	· me	ADDITIONS/CHANGES TO SET ICEN	Change Addition	on n
TITLE NAME	D Butler, Richard C	1	NAME			
	AA 4 AABS 11 (FAILE 11 . 11446		STREET ADDRESS			Ì
STREET ADDRESS	ST. PETERSBURG FL		CITY-ST-ZIP			
CITY-ST-ZIP	31. FETEROBORG 1 E		ITTLE		Change Addition	on
NAME	·		VAME			ļ
STREET ADDRESS			STREET ADDRESS			1
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			ITLE		☐ Change ☐ Addition	nc
NAME		321	VAME			ł
STREET ADDRESS		3.3 \$	STREET ADDRESS			Ì
CITY-ST-ZIP		3.4.	CITY-ST-ZIP			
TITLE			TITLE		☐ Change ☐ Addition	nc
NAME		4.2	NAME			1
STREET ADDRESS		4.3 9	STREET ADORESS			
CITY-ST-ZIP		4.4 (CITY-ST-ZIP			
TITLE			TITLE		☐ Change ☐ Addition	on
NAME	j •	■				
i	<u> </u>	5.2	NAME	•		
STREET ADDRESS			NAME STREET ADORESS	·		
STREET ADDRESS CITY-ST-ZIP		5.3 ;		·		
		5.3 s	STREET ADORESS		☐ Change ☐ Additio	nc
CITY-ST-ZIP		5.3.5 5.4.1 DELETE 6.1	STREET ADORESS		☐ Change ☐ Addibid	on

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, with all other like empowered.

SIGNATURE: