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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000078354 (6)

B.W.K. INC.

Principal Place of Business Mailing Address  17952 US 19 N 1451 BRIARWOOD CT. CLEARWATER FL 34624 SAFETY HARBOR FL 3469 US US			4660		
				3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 04/16/1996
	ace of Business	28. Mailing Address		4. FEI Number	Applied For
21 26		Suite, Apt. #, etc.		65-0447491	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, 6 22				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	?	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for i	intangible tax under s. 199.032,  Yes No
24	9. Name and Address of Curren		30]	Florida Statutes  10. Name and Address of New Re	
F1 14	MAND, PHILIP M.	it Hogistored Agelit	81 Name	IV. INGINIO BILLY AUGUSTS OF ITOW NO	Autraion whenr
			- 114		
1451 BRIARWOOD CT. SAFETY HARBOR FL 34695			82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
SAFI	ETT HANDUN FL 34090		83		
			63		
			84 City		85 Zip Code
11 Durament	to the excussions of Continue CO7.060	2 and 607 1509 Florida Statute	o the above paged gar	possion submits this statement for the	FL 3 210 Code
office or n	egistered agent, or both, in the State	of Florida, Such change was a	s, the above-hamed cor uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	pt the appointment as registered
agent. La	m familiar with, and accept the obliga-	ations of, Section 607,0505, Flo	rida Statutes		
SIGNATURE		A POTE			DATE
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
TiTLE	O'T TOUT TO A TO	DELETE	1.1 TITLE	1,551110110/011/11025 70 01110	Change Addition
NAME	FLAMAND, PHILIP M		1.2 NAME		
STREET ADORESS	1451 BRIAWOOD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	ROBINSON, ROBERT M		22 NAME		<u> </u>
STREET ADDRESS	1299 MINHINETTE DR.		2.3 STREET ADDRESS		63
CITY-ST-ZIP	ROSEWELL GA		2 4 CITY-ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	JEFFERY, JAMES S	_	3.2 NAME		
STREET ADDRESS	1451 BRIARWOOD CT.		3.3 STREET ADDRESS		
CiTY+ST-ZiP	SAFETY HARBOR FL		3.4. CITY - ST - ZIP		
TITLE	P	DELETE	4.1 TITLE		Change Addition
NAME	BERGERON, DON C		4. 2 NAME		- —
STREET ADDRESS	2738 ROOSEVELT BLVD., SUIT	TE 513	4.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-7IP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	6) TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY OF THE			C 4 0/74 OT 7/0		į

14. I do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

1/10/97

(813)530-7555

**FILED** 

Jan 16 1997 8:00am

Secretary of State

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R2E034 (9/96)