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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037447 (7)

BWT MANAGEMENT, INC.

**FILED** Mar 03 1998 8:00am Secretary of State



	•								
Principal Place of Business Mailing Address						{		.	
7485 CONFICY WINDERMERE ROAD. STE. D 7485 CONFICY WINDERMERI ORLANDO FL 32835 ORLANDO FL 32835				.D. S1	re. D	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address						05/16/1994 4. FEI Number	<del></del>		
2. Principal Place of Business 2a. Mailing Address 26						59-3231781 _		<del>- 1 - :</del>	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22 27						Certificate of Status Desired			equired
City & State	8	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
28 28						Trust Fund Contribution		Added	to Fees
Zip				8. This corporation owes or has paid the current year Intangible					
24 25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
16	<del></del>	t ttogratorou regont		81	Name	10. 1141110 4114 74401000 01 11411 11	-gi-stoiou /	igont	
TERRELL, TIM 7485 CONROY WINDERMERE ROAD, STE. D					C	40.0 B. N. M. M. M.	CL-S		
ORLANDO FL 32835				82	Street Address (P.O. Box Number is Not Acceptable)				
,				83			<u> </u>		
			-	84	City			os Zin	Code
				54	City		FL	<b>85</b> 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: Registere  12. OFFICERS AND DIRECTORS  13.					signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOR	28 IN 12
TITLE	P	DELETE	1.1 TM	LE		ADDITIONS/CHANGES TO OFF	DEITO AND	Change	Addition
NAME	TERRELL, RICHARD K	<b></b>	1.2 NAME						_ ;
STREET ADDRESS	TARE BERELLINGS BONE				ODRESS				
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CITY-ST-ZIP					
TITLE	DELETE 2.1 T		2.1 TIT	LE				☐ Change	Addition
NAME		2.2		2.2 NAME					
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NAME	■ 1			3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS					1
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NAME			4.1 IIILE 4.2 NAME					Unange	Addition
STREET ADDRESS			4.2 NAME		OORESS				İ
CITY-ST-ZIP	•	, <b>1</b>	4.4 CIT		ı				ł
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NAME			5.2 NAME						1
STREET ADDRESS			5.3 STR	REET AD	DDRESS				ļ
CITY-ST-ZIP			5.4 CITY - ST		ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAN	ΜĚ					
STREET ADDRESS			63 STA	EET AD	)DRESS				
				Y-ST-				<del></del>	
<ol><li>14. I hereby c</li></ol>	ertify that the information supplied wi	th this filing does not qualify fo	r the exer	mptic	n stated in Sc	ection 119.07(3)(i), Florida Statutes.	further cer	tity that the	information

indicated on this annual report or supplemental annual report strue 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 regeiver or truster 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 of an adactment with an address.

SIGNATURE: