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 # **P95000023740** (0)

P.B.W. MANAGEMENT, INC.

FILED May 15 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | ****** | .,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|---|--|--|--|---|---|--|-------------|---|----------------------------|
| 151 SAN CARLOS BOULEVARD FT. MYERS BEACH FL 33931 151 SAN CARLOS BOULEVARD FT. MYERS BEACH FL 33931-2125 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/24/1995 | | e of Last Re 1/1996 | eport |
| 2. Principal Place of Business 2a. Mailing A | | | Address | | | 4. FEI Number | |) — | plied For |
| 21 | 4 | Suite, Apt. #, etc | | | | NOT APPLICABLE | | | t Applicable |
| Suite, Apt #, etc Suite, Apt. # 27 | | | ito. | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & Sta | le | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Z ip | Country | Zip | Соц | ntry | | 8. This corporation has liability for i | _==_ | | |
| 24 | 25 29 30 | | | Florida Statutes Yes No | | | | | |
| | g. Name and Address of C | urrent Registered Agent | | | | 10. Name and Address of New Re | gisterød A | gent | |
| | VNLAN, BRIAN J | | | 81 | Name | | | | |
| 151 SAN CARLOS BOULEVARD FT. MYERS BEACH FL 33931 | | | | 82 Street Address (P.O. Box Number is N | | | le) | | |
| | MIERO DEMONIFE 33931 | | ļ | 83 | | | | | <u></u> |
| | | | | 84 | City | | | 85 Zip (| Code |
| <u> </u> | | | | | | | FL | | |
| 11. Pursuant office or agent. La | I to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the | 7.0502 and 607.1508, Florida t State of Florida. Such change obligations of, Section 607.050 | Statutes, the at was authorized)5, Florida Stat | oove d by utes | e-named corpo the corporations. | ration submits this statement for the p on's board of directors. I hereby accep | or the appo | thanging its intment as | s registered registered |
| SIGNATURE | | | | | | (| DATE | | |
| 12. | Signature, typical or printed name of registe OFFICER | RS AND DIRECTORS | (NOTE: Hegistered | o Age | nt signature required | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | RS IN 12 |
| TITLE | D | DELET | | TLE | | 110011101107011111101011111111111111111 | | Change | Addition |
| NAME | LANGSDORFF, PATRICE [| Œ | 1.2 NA | AME | | | | | |
| STREET AUDRESS | 151 SAN CARLOS BOULE | VARD | 1.3 ST | REET | ADDRESS | | | | |
| CITY-S1-ZIP | FT. MYERS BEACH FL 33 | 931 | 1.4 00 | TY-S | T-ZIP | | | | |
| TITLE | D | DELET | E 2.1 717 | TLE | | | | Change | Addition |
| NAME | SCANLAN, BRIAN J | | 2.2 NA | ME | Į | | | | |
| STREET ADDRESS | | | 2.3 ST | REET | ADDRESS | | | | |
| C/TY+ST+Z/P | FT. MYERS BEACH FL 33 | | | ITY-S | ST-ZIP | | | | |
| THILE | | ☐ DELET | | | - | | | Change | Addition |
| NAMs: | | | 3.2 NA | | | | | | i |
| STREET ADDRESS | | | 11 " | | ADDRESS | | | | |
| 100 ST-76 | | DELE | | | ST-ZIP | | | Change | Addition |
| NAME | | | 4.2 N | | | | , | onango | Fred LANGUIGNII |
| | | | | | ADDRESS | | | | |
| STREET ADORESS | | | | | T-ZIP | | | | |
| CITY ST ZIF | | DELET | | | 11 - 511 | 7177 | | Change | Addition |
| NAME | | | 5,2 NA | | | | , | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CHY - S1 - ZIP | | | | | T-ZIP | | | | |
| TITLE | | DELE | | | · - · · · · · · · · · · · · · · · · · · | | ·-·· | Change | Addition |
| NAME | | | 6.2 N/ | | | | | - | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| City-St-74 | | | 64 CI | | 1 | | | | |
| 0111131141 | | | 3701 | 1.3 | | - 6' | | | |

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 it changed, or on an attachment with an address. appears in Block 12 or Block 1

SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCANLAN 4/21/97 Dayline Proce #