

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

FILED

Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023740
1. Corporation Name

P. B.W. Management, Inc.

Principal Place of Business

Mailing Address

14251 GAMMA Dr.
Ft. Myers, FL 33912

14251 Gamma Dr.
Ft. Myers, FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0542160

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANLAN, BRIAN J
151 SAN CARLOS BLVD.
FT. MYERS BCH. FL 33931

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D
DE LANGSDORFF, PATRICE
151 SAN CARLOS BLVD.
FT. MYERS BCH. FL 33931

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

P
SCANLAN, BRIAN J
151 SAN CARLOS BLVD.
FT. MYERS BCH. FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 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

[Signature]

9000002563865
-06/18/98--01028--008
***150.00

617
JP

CR2E034 (10/97)