

**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

**FILED**  
**Apr 16, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000076058 (3)**

1. Corporation Name  
**PV & BW INC.**



Principal Place of Business: 113 CYPRESS POINT DR. PALM BEACH GARDENS FL 33418  
Mailing Address: 113 CYPRESS POINT DR. PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1995**  
4. FEI Number: **65-0645045**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**WHELAN, MURIEL A**  
**113 CYPRESS POINT DR.**  
**PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (with delete checkboxes)  
TITLE: **D.P.S.T.**  
NAME: **WHELAN, MURIEL A**  
STREET ADDRESS: **113 CYPRESS POINT DR.**  
CITY-ST-ZIP: **PALM BEACH GARDENS FL 33418**  
TITLE: **V.P.**  
NAME: **VERDERAME PELLEGRINI A**  
STREET ADDRESS: **316 Southwind ST #10?**  
CITY-ST-ZIP: **N. Palm Beach, FL 33408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (with Change/Addition checkboxes)  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *Muriel A Whelan* **MURIEL A. WHELAN** 1/9/98 561-683-5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0322421

CR2E034 (10/97)