

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000078974 (9)**

1. Corporation Name
BNW INVESTORS, INC.



Principal Place of Business
**1407 E. BAKER STREET
PLANT CITY FL 33566**

Mailing Address
**1407 E. BAKER STREET
PLANT CITY FL 33566**

2. Principal Place of Business
21 **1407 E Baker St**
Suite, Apt #, etc.

2a. Mailing Address
26 **1407 E Baker**
Suite, Apt #, etc.

23 **Plant City, FL**
City & State

28 **Plant City, FL**
City & State

24 **33566**
Zip

25 **Florida**
Country

29 **33566**
Zip

30 **Hillsboro**
Country

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report
1st

4. FEI Number
59-3342417

Applied For
 Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**WYNN, CHARLES
1407 E. BAKER STREET
PLANT CITY FL 33566**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ Date _____
Signature typed or printed in block _____ Date _____
Signature typed or printed in block _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, LOUISE	
STREET ADDRESS	1407 E. BAKER STREET	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, MARVIN	
STREET ADDRESS	1407 E. BAKER STREET	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VORDERBURG, CHRIS	
STREET ADDRESS	1407 E. BAKER STREET	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNN, CHARLES	
STREET ADDRESS	1407 E. BAKER STREET	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

Bank deposit \$200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Marvin H. Nelson Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/96 813-752-0015

CR2E034 (12/95)

11-24-96