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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P95000078974 (9)

BNVW INVESTORS, INC.

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Mailing Address

1407 E. BAKER STREET PLANT CITY FL 33568 1407 E. BAKER STREET PLANT CITY FL 33586-5803

FILED May 28 1997 8:00am Secretary of State



PLANT CITY FI	L 00000	PLANT CITY FL 33586-580			ì		
					3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last F 04/26/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	- In the second	pplied For
1		26			59-3342417	74	ot Applicable
Suite, Apt	#, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired	4 +	Additional equired
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be
3		28			Trust Fund Contribution		to Fees
Ζιρ	Country	Zip	Cox	untry	8. This corporation has liability for in	ntangible tax under s	. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	latered Agent	
WYI	NN, CHARLES			81 Name	5045 11	s BEF	OPE
	7 E. BAKER STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptab		ORE
	INT CITY FL 33566			Spoot Addi	to as (1.0. box Hallinger is that Acceptable	107	
				83			
				84 City		- 85 Zip	Code
		_		L		FL	
office or ri agent. La	registered agent or both, in the State im familiar with, and accept the oblig	of Florida Such change was pations of, Section 607.0505, Fl	authorize orida Sta	d by the corporat tutes.	poration submits this statement for the pi lion's board of directors. I hereby accep	t the appointment as	s registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable [NO]	E Registere	d Agent signature requir	red when reinstating)	DATE	
2.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE .	D	[] DELETE	1.1 (ITLE		Change	Addition
NAME	BROCK, LOUISE		1.2 N	AME			
STREET ADDRESS	1407 E. BAKER STREET		1.3 S	TREET ADDRESS			
D-TY - ST - ZIP	PLANT CITY FL 33588		1.4 C	ITY-ST-ZIP			
IITLE	D	☐ DELETE	2.1 T	ITLE		Change	Addition
NAME	NELSON, MARVIN		2.2 N	AME			
				. 1			
STREET ADDRESS	1407 E. BAKER STREET			TREET ADDRESS			
	1407 E. BAKER STREET PLANT CITY FL 33566		2.3 S	TREET ADDRESS Dity-St-Zip			
011Y - \$1 - Z(P	PLANT CITY FL 33566	DELETE	2.3 S	CHTY-ST-ZIP		☐ Change	Addition
CITY - ST - ZIP MTLE	PLANT CITY FL 33588	DELETE	2.3 S	CITY-ST-ZIP		Change	Addition
CITY - ST - ZIP RITLE NAME	PLANT CITY FL 33566	DELETE	2.3 S 2.4 (3.1 T 3.2 N	CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP HILE NAME STREET ADDRESS	PLANT CITY FL 33566 D VORDERBURG, CHRIS	DELETE	2.3 S 2.4 (3.1 Tl 3.2 N 3.3 S	CITY-ST-ZIP ITLE IAME		☐ Change	Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PLANT CITY FL 33566 D VORDERBURG, CHRIS 1407 E. BAKER STREET	☐ DELETE	2.3 S 2.4 (3.1 Tl 3.2 N 3.3 S	CITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PLANT CITY FL 33566 D VORDERBURG, CHRIS 1407 E. BAKER STREET PLANT CITY FL 33566 D WYNN, CHARLES		2.3 S 2.4 (3.1 Ti 3.2 N 3.3 S 3.4 (CHY-ST-ZIP HTLE HAME TREET ADDRESS CHY-ST-ZIP HTLE			
CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	PLANT CITY FL 33588 D VORDERBURG, CHRIS 1407 E. BAKER STREET PLANT CITY FL 33586 D		2.3 S 2.4 (3.1 T) 3.2 N 3.3 S 3.4 (4.1 T) 4.2 P	CHY-ST-ZIP HTLE HAME TREET ADDRESS CHY-ST-ZIP HTLE			
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CHY-S1-ZIP MILE NAME STREET ADDRESS CHY-ST-ZIP TILLE	PLANT CITY FL 33566 D VORDERBURG, CHRIS 1407 E. BAKER STREET PLANT CITY FL 33566 D WYNN, CHARLES 1407 E. BAKER STREET	☐ DELETE	23 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 P 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	CITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP ITLE ITLE		☐ Change	Addition

1. I do 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:

MANUAL AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

NELSON

5/13/97 800 216 1430