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

Jun 22 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000094705 (7) BWT, INC. Principal Place of Business Mailing Address 36 KINGFISHER LANE 36 KINGFISHER LANE KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3020 NW 330 Ave 3020 NW 33rd 65-0752360 26 Not Applicable Suits, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing . lauderdale Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 1 25 US 28 33311 9. Name and Address of Current Registered Agent (16 Personal Property Tax due June 30. Yes □No 10. Name and Address of New Registered Agent 81 grybowski, k. **BLANCK & GRYBOWSKI** 82 Box Number is Not Acceptable) 5730 SW 74 STREET, 700 83 MIAMI FL 33143 11. Pul suant to the previsions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, a manufacture with an accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE SIGNATURE L: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE ☐ Change 1.1 TITLE TITLE flesident LILJA, PETER NAME 1.2 NAME Glenn m. Gallaut **36 KINGFISHER LANE** 5596 Bayulew Drive STREET ANDDRESS 13 STREET ADDRESS KEY WEST FL 33040 1.4 CITY - ST - ZIP Foot Lauderdale CITY - S. - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-21P 2 4 CITY-ST-ZIP TITLE DECETE Change Addition 3.1 TITLE NAM 3.2 NAME STRE ET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP - ST-ZIP m². DELETE Addition 4.1 THUE NAF 4.2 NAME STRE: T ADDRESS 4.3 STREET ADDRESS CITY ST-ZIF 4.4 CITY-ST-ZIP TITUE DELETE 5.1 IIII E NAME 5.2 NAME STIREET ADDRESS 5.3 STREET ADDRESS CITAY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition TATLE 61 TITLE 800002:5681 NAME 62 NAME -06/22/93--01095--022

6.3 STREET ADDRESS

14. Thereby 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 supplimental 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

SIGNATURE:

STREET ADDRESS

CITY-ST-2IP

Block 12 or Block 13 if changed, at on an attachment with 🦍 address.

412898 (954)739-7111

\*\*\*150.00

FILED