

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State
08-16-1999 90005 005 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094705
1. Corporation Name
BWT, INC.

Principal Place of Business
3020 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33311
US

Mailing Address
3020 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33311
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2701 W. Oakland Pk Blvd.
Suite, Apt. #, etc.
22 Suite 240
City & State
23 Ft Lauderdale FL
Zip
24 33311
Country
25 USA

2a. Mailing Address
26 2701 W. Oakland Pk Blvd.
Suite, Apt. #, etc.
27 Suite 240
City & State
28 Ft Lauderdale FL
Zip
29 33311
Country
30 USA

3. Date Incorporated or Qualified
12/14/1995

4. FEI Number
65-0752360
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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GALLANT, GLENN M
5596 BAYVIEW DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name John Kafourus
82 Street Address (P.O. Box Number is Not Acceptable)
2701 W. Oakland Pk Blvd, Suite 240
83
84 City Ft Lauderdale FL 85 Zip Code 33311

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 John Kafourus DATE 7/27/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	P
NAME	GALLANT, GLENN M	1.2 NAME	Kafourus, John
STREET ADDRESS	5596 BAYVIEW DRIVE	1.3 STREET ADDRESS	2701 W. Oakland Pk Blvd, Suite 240
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33311
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John Kafourus DATE: 7/27/99

CR2E034 (5/99)