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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthage

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000051644 (8)

BVW SERVICES, INC.

Principal Place of Business

473 WATERS DRIVE FT PIERCE FL 34946 Mailing Address

473 WATERS DRIVE FT PIERCE FL 34946-6432

## FILED May 19 1997 8:00am Secretary of State



| Suite, Apt. #, etc.  | 2a. Mailing Addr   | ess   |                          |                                      |   |                           |                            |                            |
|--|--|---|--------------------------|--------------------------------------|---|---------------------------|----------------------------|----------------------------|
| Suite, Apt. #, etc.  |  | 2a. Mailing Address                                     |                          |                                      | 4. FEI Number OC 2/   | 77:                       | Z Ap                       | plied For                  |
| <del>"</del> 1   | 26   |   |                          |                                      | 65-0676   | 77                        |                            | t Applicable               |
| <b></b> 1  |  |   |                          |                                      | 5. Certificate of Status Desired  |                           | \$8.75 #<br>Fee Re         |                            |
| City & State   | Cily & State   |   |                          |                                      | 6. Election Campaign Financing  |                           | \$5.00                     | ·                          |
| 3  | 28   |   |                          |                                      | Trust Fund Contribution   |                           | Added 1                    | ,                          |
| Zip Country  | Zφ   | Co  | ountry                   |                                      | 8. This corporation has liability for   |                           |                            | 199.032,                   |
| 25 29 30   |  |   |                          | Florida Statutes Yes No              |   |                           |                            |                            |
| 9. Name and Address of Current   | Registered Agent   |   | 81                       |                                      | 10. Name and Address of New Re  | gistered A                | igent                      |                            |
| WESLEY, VIRGINIA   |  |   | 0'                       | Name                                 |   |                           |                            |                            |
| 473 WATERS DRIVE   |  | 82 Street Ac  |                          | oss (P.O. Box Number is Not Acceptat | ole)  |                           |                            |                            |
| FT PIERCE FL 34946   |  |   | 83                       |                                      |   |                           |                            |                            |
|  |  |   |                          |                                      |   |                           | <b></b>                    |                            |
|  |  |   | 84 City                  |                                      |   | Fi                        | 85 Zip (                   | Code                       |
| <ol> <li>Pursuant to the provisions of Sections (07.0502) office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligati</li> </ol>   | and 607.1508, Flori<br>f Horida, Such char<br>ons of, Section 607. | da Statutes, the<br>ige was authoriz<br>0505, Horida St | above<br>ed by<br>atules | named corporation.                   | oration submits this statement for the points board of directors. I hereby acce | surpose of<br>pt the appo | changing it<br>sintment as | s registered<br>registered |
| SIGNATURE Signature, typed or printed name of page timed agent.  | and the if applicable  | (NOTE: Bog sk   | red Age                  | nt signaturo require                 | ed when reinstating)  | DATE                      |                            |                            |
| 12. OFFICERS AND   |  | 13  | ١.                       |                                      | ADDITIONS/CHANGES TO OFFIC  | CERS AND                  |                            |                            |
| TETLE D  | [] DI  | 1.1 1.1   | THLE                     |                                      |   |                           | Change                     | Additio                    |
| NAME WESLEY, VIRGINIA  |  | 1.2   | NAME                     |                                      |   |                           |                            |                            |
| STREET ADDRESS 473 WATERS DRIVE  |  | 1.3   | STREET                   | ADDRESS                              |   |                           |                            |                            |
| CITY-ST-ZIP FT PIERCE FL 34946   |  |   |                          | 1-70                                 |   |                           | Change                     | Additio                    |
| TITLE D NAME WESLEY, WILLIAM   | וון []   |   | TITLE                    |                                      | " <u>.</u> ,  |                           |                            |                            |
| AND THE ALL THE PORT OF THE PARTY OF THE PAR |  |   | NAME                     | ADDRESS                              |   |                           |                            |                            |
| ET DIEDOE EL A4040   |  |   | SINCL<br>1 CITY - S      |                                      |   |                           |                            |                            |
| DITY-ST-ZIP F1 PIERUE FL 34940   | Di   |   | 11111                    | 51 - 211                             |   |                           | Change                     | Additio                    |
| NAME   |  | 3.2   | NAMI                     |                                      |   |                           |                            |                            |
| STREET ADDRESS   |  | 3.3   | STREET                   | ADURESS                              |   |                           |                            |                            |
| City-St-ziP  |  | 3.4   | CITY-S                   | ST - 7IP                             |   |                           |                            |                            |
| THLE   |  | [ L E 1 E 4.1   | TOLE                     |                                      |   |                           | Change                     | Additio                    |
| NAME   |  | 4. :  | 2 NAME                   |                                      |   |                           |                            |                            |
| STREET ADDRESS   |  | 4.3   | STREET                   | ADDRESS                              |   |                           |                            |                            |
| CITY-ST-ZIP  |  |   | CHY-S                    | 1-7IP                                |   |                           | D Charas                   | - Tabe                     |
| TITLE  |  |   | THLE                     |                                      |   |                           | L Change                   | Additio                    |
| NAME   |  |   | NAME                     |                                      |   |                           |                            |                            |
| STREET ADDRESS   |  |   |                          | AUDRESS                              |   |                           |                            |                            |
| CITY-ST-ZiP  |  |   | I СЛУ- 5<br>: 11!LE      | 51 - 7(P                             |   |                           | Change                     | Additio                    |
| TITLE  | F.) D  |   | NAME                     |                                      |   |                           | onongo                     |                            |
| NAME<br>OVERT ADDRESS  |  |   |                          | ADDRESS                              |   |                           |                            |                            |
| STREET ADDRESS   |  |   |                          |                                      |   |                           |                            |                            |
| CITY-ST-ZIP  14. I do hereby certify that the information supplied information indicated on this annual report or su   | with this filing does  | not qualify for the                                     | icily-s                  | mintion stated                       | In Section 119.07(3)(i), Florida Statut-  | os. I furthe              | r certify that             | the                        |