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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90036 029 \*\*\*150.00



DOCUMENT # P96000103282	
B.E.W. ENTERPRISES, INC.	

Principal Place of Business 2430 SW 42 TERRACE FT. LAUDERDALE FL 33317

2430 SW 42 TERRACE FT. LAUDERDALE FL 33317

Mailing Address

DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed	ļ	
2. Principal Place of Business	Place of Business 2a. Mailing Address		12/19/1996 4. FEI Number	Applied For	
21	26		65-0714627 Not		
Suite, Apt. #, etc.	Suite Ant # etc		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State 6. Election Campaign Financing \$5.		\$5.00 May Be		
Zip Country 24 25	Zip Cou 29 30	ntry	8. This corporation owes the current year Intangible  Personal Property Tax.		
9. Name and Address of Current	1		10. Name and Address of New Registered Ag	ent	
SOLOFF, EDWARD R 2430 SW 42 TERRACE					
FT. LAUDERDALE FL 33317		83			
		84 City	FL	85 Zip Code	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	if Florida. Such change was authorized	by the corporation	oration submits this statement for the purpose of chairs board of directors. I hereby accept the appointm	anging its registered nent as registered	
SIGNATURE Signature, typed or printed name of registered agent		Agent signature required	when reinstating) DATE		

aga	The factories and a description of the second	·				l
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regis	itered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	İ	13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTO	RS IN 12
TITLE	<b>DPT</b> □ DE	ELETE .	1.1 TITLE		☐ Change	☐ Addition
NAME	SOLOFF, EDWARD R		1.2 NAME			
STREET ADDRESS	2430 SW 42 TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		1.4 CITY-ST-ZIP			
TITLE	DVS DE	ELETE :	2.1 TITLE		☐ Change	☐ Addition
NAME	SOLOFF, WARREN G		2.2 NAME			
STREET ADORESS	2430 SW 42 TERRACE	1:	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		2. 4 CITY-ST-ZIP			
TITLE	D8	ELETE :	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS		,	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	□ DE	ELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		<b>]</b> ·	4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	, DE	ELETE	5.1 TITLE		Change	☐ Addition
NAME		1	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP			
TITLE	□ DE	ELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	,		6.2 NAME			ļ
STREET ADDRESS	·		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14 I hereby r	certify that the information supplied with this filing does not o	pualify for the	exemption stated in S	ection 119.07(3)(i), Florida Stati	utes. I further certify that the ir	nformation

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

99 954-791-1188 Date Dayline Phone # 15 \_\_CR2E034 (11/98)