

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V65712 (4) 1. Corporation Name B.W.M., INC.		



DO NOT WRITE IN THIS SPACE

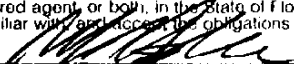
Principal Place of Business 936 GARDENIA DR DELRAY BEACH FL 33483 US	Mailing Address 936 GARDENIA DR. DELRAY BEACH FL 33483
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2. Principal Place of Business 21 920 EMERALD ROW Suite, Apt. #, etc.	2a. Mailing Address 26 920 EMERALD ROW Suite, Apt. #, etc.
22 City & State 23 GULFSTREAM, FL	27 City & State 28 GULFSTREAM, FL
24 33483 Zip	29 33483 Zip
25 FLA BEACH Country	30 PALM BEACH Country

3. Date Incorporated or Qualified 09/21/1992	4. FEI Number 65-0332254	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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent BODE, MARK W 936 GARDENIA DR DELRAY BCH FL 33483	
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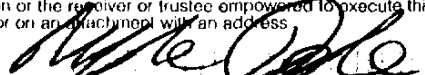
10. Name and Address of New Registered Agent 81 Name MARK BODE 82 Street Address (P.O. Box Number is Not Acceptable) 920 EMERALD ROW 83 84 City GULFSTREAM FL 85 Zip Code 33483	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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  DATE 4-20-98	
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12. OFFICERS AND DIRECTORS	
TITLE	DPV ☐ DELETE
NAME	WHITMAN, DEBRA
STREET ADDRESS	936 GARDENIA DR
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	ST ☐ DELETE
NAME	BODE, MARK
STREET ADDRESS	936 GARDENIA DR.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 	4-20-98	561 392 802
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CR2E034 (10/97)