

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005620 (9)**

1. Corporation Name
GMW MAINTENANCE CO. INC.



Principal Place of Business
**8800 49TH ST. NORTH
#406-3
PINELLAS PK FL 34666**

Mailing Address
**8800 49TH ST. NORTH
#406-3
PINELLAS PK FL 34666**

3. Date Incorporated or Qualified **11/16/1992** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business
21 **14477 WALSINGHAM RD** 2a. Mailing Address
26 **14477 WALSINGHAM RD**

Suite, Apt. #, etc.

4. FEI Number **59-3150898** Applied For
Not Applicable

22 City & State
23 **LARGO FL** 27 City & State
28 **LARGO FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **34644** 25 Country 29 Zip **34644** 30 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GAWRON, MARY
9209 SEMINOLE BLVD.
UNIT 173
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent
81 Name **WANDA SWIRYDENKO**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **11665 SHARON DR**
84 City **LARGO FL** 85 Zip Code **34644**

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 607.0905, Florida Statutes.

SIGNATURE *Wanda Swirydenko* DATE **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GAWRON, MARY	
STREET ADDRESS	9209 SEMINOLE BLVD UNIT 173	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWIRYDENKO, WANDA	
STREET ADDRESS	11665 SHARON DR.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WANDA SWIRYDENKO	
1.3 STREET ADDRESS	11665 SHARON DR	
1.4 CITY-ST-ZIP	LARGO FL 34644	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Wanda Swirydenko* DATE: **4/26/96** TELEPHONE: **593-2800**

CR2E034 (12/95)