

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P96000032706 (9)
 1. Corporation Name
GWD WEST PALM III, INC.



Principal Place of Business Mailing Address
9055 IBIS BLVD WEST PALM BEACH FL 33412
9055 IBIS BLVD WEST PALM BEACH FL 33412-1325

3. Date Incorporated or Qualified **04/15/1996** 3a. Date of Last Report
 4. FEI Number **65-0667345** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President and Director	<input type="checkbox"/> DELETE
NAME	Thomas H. Dillon	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	
TITLE	Vice President and Director	<input type="checkbox"/> DELETE
NAME	Stanley C. Gale	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	
TITLE	Vice President, Secretary & Director	<input type="checkbox"/> DELETE
NAME	Francis X. Wentworth, Jr.	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	
TITLE	Vice President and Director	<input type="checkbox"/> DELETE
NAME	Christopher R. Schiavone	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Sydney W. Kitson	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Jonathon G. Thorpe	
STREET ADDRESS	9055 Ibis Boulevard	
CITY-ST-ZIP	West Palm Beach, Florida 33412	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael G. Leeder	
1.3 STREET ADDRESS	9055 Ibis Boulevard	
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33412	
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 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 *Jonathan G. Thorpe* **Jonathan G. Thorpe, Asst. Secretary 3/19/97 (908) 781-5800**

CR2E034 (9/96)