


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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032706 (9)
 1. Corporation Name
GWD WEST PALM III, INC.



Principal Place of Business 9055 IBIS BLVD WEST PALM BEACH FL 33412	Mailing Address 9055 IBIS BLVD WEST PALM BEACH FL 33412
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 04/15/1996	
4. FEI Number 65-0667345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T
NAME	DILLON, THOMAS H	1.2 NAME	MICHAEL G. LEEDER
STREET ADDRESS	9055 IBIS BLVD	1.3 STREET ADDRESS	9055 IBIS BLVD.
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	W PALM BEACH, FL 33412
TITLE	VPD	2.1 TITLE	
NAME	GALE, STANLEY C	2.2 NAME	
STREET ADDRESS	9055 IBIS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPSD	3.1 TITLE	
NAME	WENTWORTH, FRANCIS X JR	3.2 NAME	
STREET ADDRESS	9055 IBIS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	SCHIAVONE, CHRISTOPHER R	4.2 NAME	
STREET ADDRESS	9055 IBIS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	KITSON, SYDNEY W	5.2 NAME	
STREET ADDRESS	9055 IBIS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	THORPE, JONATHON G	6.2 NAME	
STREET ADDRESS	9055 IBIS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

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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 to an address.

SIGNATURE: 

CP2E034 (10/97)