

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

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90012 020 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 404381**

1. Corporation Name

GWTW, INC.

Principal Place of Business

Mailing Address

U.S. 1 MILE MARKER 105.5  
KEY LARGO, FL 33037

P.O. BOX 1250  
KEY LARGO, FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JULY 5, 1972

2. Principal Place of Business

2a. Mailing Address

21 1310 SOUTH AUDUBON DRIVE

26 1310 SOUTH AUDUBON DRIVE

4. FEI Number

59-1395991

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

23 HOMESTEAD, FL

28 HOMESTEAD, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip Country

Zip Country

24 33035 25 USA

29 33035 30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL J. MARCUS  
MARCUS & MARCUS, P.A.  
317 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE  
NAME HARRY KEITZ, JR.  
STREET ADDRESS P.O. BOX 1250  
CITY-ST-ZIP KEY LARGO, FL 33037

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME HARRY KEITZ, JR.  
1.3 STREET ADDRESS 1310 SOUTH AUDUBON DRIVE  
1.4 CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE VICE PRESIDENT ☐ DELETE  
NAME JEFFREY KEITZ  
STREET ADDRESS P.O. BOX 1250  
CITY-ST-ZIP KEY LARGO, FL 33037

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME JEFFREY KEITZ  
2.3 STREET ADDRESS 1310 SOUTH AUDUBON DRIVE  
2.4 CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE DIRECTOR ☐ DELETE  
NAME JUDY KEITZ  
STREET ADDRESS P.O. BOX 1250  
CITY-ST-ZIP KEY LARGO, FL 33037

3.1 TITLE DIRECTOR ☒ Change ☐ Addition  
3.2 NAME JUDY KEITZ  
3.3 STREET ADDRESS 1310 SOUTH AUDUBON DRIVE  
3.4 CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)