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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 622689   (8)

1. Corporation Name

G & W MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3006 NE 40 CT FT. LAUDERDALE FL 33308 *New Address 2200 w commc Blvd #310 Ft. Lauderdale, Fl 33309*	C/O ASSET MANAGEMENT INC NE 101 NE 3RD STREET *G+W Management, Inc.* FT LAUDERDALE FL 33301 US *2200 w commc Blvd #310 Ft Lauderdale, Fl 33309*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1979**

4. FEI Number **59-1910571**   Applied For   Not Applicable

	Principal Place of Business		Mailing Address	
2.	21	2a.	26	
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	
City & State	23	City & State	28	
Zip	24	Country 25	Zip 29	Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOMAKER, G. 3006 NE 40 CT FT. LAUDERDALE FL 33308	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)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHUMAKER, IRENE		1.2 NAME		
STREET ADDRESS	3006 NE 40 CT.		1.3 STREET ADDRESS	*2200 w Commc Blvd #310*	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	*Ft Lauderdale, Fl 33309*	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SCHOMAKER, GUENTER		2.2 NAME		
STREET ADDRESS	3006 NE 40 CT.		2.3 STREET ADDRESS	*2200 w Commc Blvd #310*	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	*Ft Laud. Fl 33309*	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: *Guenter Schomaker 2 5 98*