

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90116 005 ***150.00

DOCUMENT # 622689

1. Corporation Name

G & W MANAGEMENT, INC.

Principal Place of Business

2200 W. COMMERCIAL BLVD.
STE. #310
FT. LAUDERDALE FL 33309
US

Mailing Address

2200 W. COMMERCIAL BLVD.
STE. #310
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1979

4. FEI Number

59-1910571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2220 NE 68 STR. # 1026

Suite, Apt. #, etc.

22 FT. LAUDERDALE, FL

City & State

23

Zip

24 33308

Country

25 BROWARD

2a. Mailing Address

26 2220 NE 68 STR # 1026

Suite, Apt. #, etc.

27 FT. LAUDERDALE

City & State

28

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

SCHOMAKER, G.
3006 NE 40 CT
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

SCHOMAKER IRENE

82 Street Address (P.O. Box Number is Not Acceptable)

2220 NE 68 STR APT # 1026

83

84

City FT. LAUDERDALE

FL

85 Zip Code

33308

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 IRENE SCHOMAKER DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.99

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHUMAKER, IRENE
STREET ADDRESS 2200 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ DELETE

TITLE P
NAME SCHOMAKER, GUENTER
STREET ADDRESS 2200 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME SCHUMAKER IRENE
1.3 STREET ADDRESS 2220 NE 68 STR APT # 1026
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ Change

☐ Addition

2.1 TITLE P
2.2 NAME SCHOMAKER GUENTER
2.3 STREET ADDRESS 2220 NE 68 STR APT # 1026
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 OR 954-7766442
204-8958914

CR2E034 (1/98)