CC ANN	LE NOW: FILING PROFIT DRPORATION NUAL REPORT 1999		FLORIDA DEPAF Katheri	RTMENT (ne Harri : ry of State	DF STATE		20, 1 reta	LED 999 3 ry of 0017 020	8:0 Sta	ate
GWR II	AVESTMENTS, INC.	Mail 912 I	ing Address N HIGHLAND AVE (328 BOX 1911	03)						
orlando fl	. 32802-1911	ORLA	NDO FL 32802-1911			DO 3. Date Incorporated or 06/07/1979		E IN THIS SI	PACE	
2. Principal	Place of Business	2a. M 26	failing Address		<u>. </u>	4. FEI Number 59-1919900				Applied For Not Applicable 75 Additional ee Required 0.00 May Be Ided to Fees
Suite, Ap	-		uite, Apt. #, etc.			5. Certifcate of Status E	esired		\$8.75	Additional
City & Sta		28	City & State			6. Election Campaign F Trust Fund Contributi			\$5.00	May Be
Zip 4	25	29	ip	Countr 30	у	8. This corporation owe Personal Property Ta	х.		Yes	
	9. Name and Address	s of Current Register	ed Agent	8	Name	10. Name and Address	of New Re	gistered Ag	ent	
912	:H, A. WAYNE ? N. HIGHLAND AVENUE LANDO FL 32803	Ξ		82	2 Street Add	Iress (P.O. Box Number is No	t Acceptab	ole)		
				83	 		<u></u>	<u> </u>		
1. Pursuant		Pc 607 0602 and 607	1509 51-24-01-1	84	City				· · ·	Code
1. Pursuant office or agent. I a	t to the provisions of Section registered agent, or both, in am familiar with, and accept	ns 607.0502 and 607. n the State of Florida. t the obligations of, Se	1508, Florida Statutes Such change was aut action 607.0505, Florid	84 s, the abov	City re-named corp	poration submits this statement on's board of directors. I here	nt for the p by accept			
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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 an an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da

407-699-9005 Daytime Phone #