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**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90048 017 ***150.00

DOCUMENT	#	638	1	03	
Corporation Name			•		

וטַטְטָע	WEN # 638103	3				
1. Corporation	n Name					
G.W. ru	X REAL ESTATE, INC.				1 176116 B1166 11161 12161 11611 62168 (111 516)	i Araki babii mana dinii Minii 1881
1						
Principal Place		Mailing Address			`	
	EST 21ST TERRACE	91 N.E. 20 ST				
FT. LAUDERDAI	LE FL 333U9	FT. LAUDERDALE FL 33305 US			DO NOT WRITE IN TH	IS SPACE
00 ,		00			3. Date incorporated or Qualifed	
į					10/01/1979	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For-
21		26			59-1941486	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\$8.75 Additional
22	a transmission and a	27	<u> </u>		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year	
24 ,	25		30		Personal Property Tax.	☐ Yes ☐ No
1	9. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New Registere	d Agent
FOY	CARV W		8.	1 Name		}
	, GARY W		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E 20 STREET					<u> </u>
	AUDERDALE, FLA		8	3		
3330	J5		84	4 City		85 Zip Code
3				1	F	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abou	ve-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statute	s.	Stro board of another Friends, every and app	
SIGNATURE	•					
!	Signature, typed or printed name of registered a	<u> </u>		ent signature require	ed when reinstating) DATE	AND DIDECTORS IN 12
12.		AND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PST CARY W		1.2 NAME			
NAME	FOX, GARY W.					
STREET ADDRESS	91 N.E. 20TH ST			ET ADDRESS		Í
CITY-ST-ZIP	WILTON MANORS FL	☐ DELETE	1.4 CITY- 2.1 TITLE			Change Addition
TITLE '			2.2 NAME	l		J
NAME .				ET ADORESS		
STREET ADDRESS			•	i		1
CITY-ST-ZIP		☐ DELETE	2.4 CITY-		de gran d'aragen d'ara e de la co	☐ Change ☐ Addition
TITLE		Ca occurs	3.2 NAME			
NAME (ET ADDRESS		
STREET ADDRESS			3.4. CITY-			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME 1			4.2 NAMI			
STREET ADDRESS				ET ADDRESS		
l l	,		4.4 CITY-			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	I .		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS		1

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.

6.4 CITY-ST-ZIP