## 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 #** 

Principal Place of Business

% ELEONORA G. HENLEY

LIGHTHOUSE POINT FL 33064

2520 NE 44TH STREET

2, Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

ķ.

F62236

(7)

GWEN, INC.

Country

g, Name and Address of Current Registered Agent

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LIGHTHOUSE POINT FL 33064

HENLEY, ELEONORA G. 2520 NE 44TH STREET

SELEONORA G. HENLEY

LIGHTHOUSE POINT FL 33064

2520 NE 44TH STREET

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

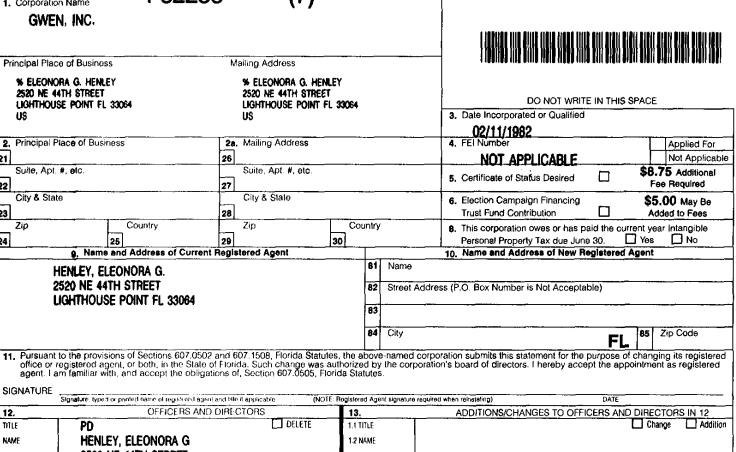
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## **FILED** Mar 27 1998 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE NAME HENLEY, ELEONORA G 1.2 NAME STREET ADDRESS 2520 NE 44TH STREET 1.3 STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITUE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

Country

**B1** 

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83 84 City

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14. I hereby certify that the information supplied with this filling 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.

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MO2. NUL. 2