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**

DOCUMENT # F62236 1. Corporation Name

GWEN, INC.

EL MUDICESS	ZOEO NE TYNT OTHEET	1.0 0 11 122 1 7 22 21 12 30			1	. 1
ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP			Addition	,
	☐ DELETE	2.1 TITLE		Change	☐ Addition C)
		; 2.2 NAME			ļ	
ET ADDRESS		23 STREET ADDRESS			ļ	
ST-ZIP		2.4 CITY-ST-ZIP	·			
"	☐ D£LETE	3.1 TITLE	-	Change	- Addition	
<u> </u>		3.2 NAME			1	
ET ADDRESS		3.3 STREET ADDRESS]	
ST-ZIP	<u></u>	3.4 CITY-ST-ZIP				
	☐ DELETE	4.1 TITLE		Change	☐ Addition	
ŧ		4, 2 NAME	·			
ET ADDRESS		4.3 STREET ADDRESS			}	
ST-ZIP		4.4 CITY-ST-ZIP				
	☐ DELÉTE	5.1 TITLE	•	Change	☐ Addition ∫	
į.		5.2 NAME			J	
ET ADDRESS		5.3 STREET ADDRESS			Ì	
ST-ZIP		5.4 CITY-ST-ZIP				
	☐ DELETE	6.1 TITLE		Change	☐ Addition	

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90169 026 ***150.00



Principal Place	e of Business	Mailing Address			- 1 (80)100 (3)0 01110 (1030 11000 15)10 0113	! B1811 B1811 B1811 B181	BIEN GISH JOEL	
& ELEONORA (% ELEONORA G. HENLEY						
2520 NE 44TH STREET		2520 NE 44TH STREET						
LIGHTHOUSE POINT FL 33064		LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 02/11/1982			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	} A	pplied For	
1		26			NOT APPLICABLE		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
2	<u></u>	27			5. Definicate of Gizing Desired		Required	
City & State	е	City & State			6. Election Campaign Financing		May Be	
3		28			Trust Fund Contribution		I to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current y	_		
4	25	29 3	0	 ··-	Personal Property Tax.	∐ Yes	□No	
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Regis	stereu Agent		
HEN	LEY, ELEONORA G.			Hamo				
	NE 44TH STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1	
	ITHOUSE POINT FL 33064		83					
2.01.			03					
	•		84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	-named corpo	oration submits this statement for the purp	ose of changing i	ts registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	norized by :	tne corporatioi	n's board of directors. I hereby accept the	appointment as	egistered	
-								
SIGNATURE	Signeture, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent	t signature required		ATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	DO AND DIDECT	ODO IN 40	
			-		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	☐ DELETÉ	1,1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change		
TITLE NAME	HENLEY, ELEONORA G		-		ADDITIONS/CHANGES TO OFFICE			
	HENLEY, ELEONORA G 2520 NE 44TH STREET		1,1 TITLE	ADORESS	ADDITIONS/CHANGES TO OFFICE			
NAME	HENLEY, ELEONORA G	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition	
NAME STREET ADDRESS	HENLEY, ELEONORA G 2520 NE 44TH STREET		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HENLEY, ELEONORA G 2520 NE 44TH STREET	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	T-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T- ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP TITLE	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE TITLE TITLE	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE TITLE TITLE	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENLEY. ELEONORA G 2520 NE 44TH STREET LIGHTHOUSE POINT FL	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 CITY-S 5.5 CITY-S 5.5 CITY-S 5.6 CITY-S 5.6 CITY-S 5.7	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition Addition 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: