

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L68468 (2)  
1. Corporation Name  
GWB, INC.



Principal Place of Business Mailing Address  
8033 NW 47TH DR- CORAL SPRINGS FL 33067  
230 TOLLGATE BLVD  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 230 TOLLGATE BLVD	26 230 TOLLGATE BLVD	04/26/1990
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 ISLAMORADA FLORIDA	28 ISLAMORADA FLORIDA	65-0198508
24 33036	29 33036	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 USA	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GEORGE, BURL F. 700 EAST BROWARD BLVD SUITE 400 FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WHITLEY, WALLACE	1.2 NAME	WHITLEY, WALLACE
STREET ADDRESS	8033 NW 47TH DR	1.3 STREET ADDRESS	230 TOLLGATE BLVD
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	VPD	2.1 TITLE	VPD
NAME	TRIMBLE, RICHARD	2.2 NAME	TRIMBLE, RICHARD
STREET ADDRESS	3500 WILDFLOWER DR	2.3 STREET ADDRESS	7311 ANNAPOLIS LN
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	VPD	3.1 TITLE	
NAME	GARCIA, PAUL	3.2 NAME	
STREET ADDRESS	10025 VESTAL PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)