


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26 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 # P93000003572 (3) 1. Corporation Name G.W.W. ENTERPRISES, INC.		



Principal Place of Business 6800 GULFPORT BLVD. SO. S-911 S PASADENA FL 33707	Mailing Address 6800 GULFPORT BLVD. SO. S-911 S PASADENA FL 33707
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6890 GULFPORT BLVD. SO. Suite, Apt. #, etc. 22 City & State 23 S. PASADENA, FL 33707 Zip 24 33707 25 USA		2a. Mailing Address 26 6890 GULFPORT BLVD SO. Suite, Apt. #, etc. 27 City & State 28 S. PASADENA, FL 33707 Zip 29 33707 30 USA		3. Date Incorporated or Qualified 01/11/1993	4. FEI Number 59-3162612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees				
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

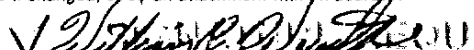
9. Name and Address of Current Registered Agent WRIGHT, WILLIAM C 6800 GULFPORT BLVD. SO. S-911 6890 GULFPORT BLVD. SO. S PASADENA FL 33707		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
--	--	---	--

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 D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WRIGHT, WILLIAM C		1.2 NAME	
STREET ADDRESS 6800 GULFPORT BLVD. SO., S-911 6890 GULFPORT BLVD SO.		1.3 STREET ADDRESS	
CITY-ST-ZIP S PASADENA FL 33707		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE:  REQUIRED
8-13-98 727-381-620

CR2E034 (5/98)

2



8-13-98

DEAR SIR

I DID NOT RECEIVE A FIRST COPY
OF THE CORPORATION ANNUAL REPORT I THINK
THE MIX-UP IS IN THE ADDRESS, WE ARE
AT 6890 - GULFPORT BLVD. NOT 6800 - SUITE 911
THE SECOND NOTICE WAS SENT TO 6800 - SUITE 911
WHICH IS THE MANAGEMENT CO. FOR THE SHOPPING
CENTER, THEY DID GIVE ME THIS SECOND NOTICE
I FEEL THAT THE ADDED FEE SHOULD BE WAIVED
I AM INCLOSING A CHECK FOR 150.00

THANK YOU
FOR YOUR UNDERSTANDING

William D. Sargent