
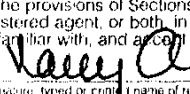
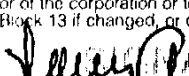


FILED

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000055453 (2) 1. Corporation Name GWS, INC.			
Principal Place of Business 7829 GREENBRIAR PARKWAY ORLANDO FL 32819		Mailing Address 7829 GREENBRIAR PARKWAY ORLANDO FL 32819-8826	
2. Principal Place of Business		2a. Mailing Address	
21. Suite 6355 MetroWest Blvd. 22. Suite 330 23. City & State: Orlando, Florida 32835 24. Zip: 32835 Country: USA		26. Suite 6355 MetroWest Blvd. 27. Suite 330 28. City & State: Orlando, Florida 32835 29. Zip: 32835 Country: USA	
9. Name and Address of Current Registered Agent ROSSMAN, NANCY A 7829 GREENBRIAR PARKWAY ORLANDO FL 32819			
		81. Name: Nancy A. Rossman 82. Street Address: 7829 Greenbriar Parkway 83. City: Orlando 84. State: FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: 			
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	ROSSMAN, NANCY A		
STREET ADDRESS	7829 GREENBRIAR PARKWAY		
CITY - ST - ZIP	ORLANDO FL 32819		
TITLE	PO	<input checked="" type="checkbox"/> DELETE	
NAME	ROSSMAN, NORMAN A		
STREET ADDRESS	7829 GREENBRIAR PARKWAY		
CITY - ST - ZIP	ORLANDO FL 32819		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	ROSSMAN, RUTH J		
STREET ADDRESS	7829 GREENBRIAR PARKWAY		
CITY - ST - ZIP	ORLANDO FL 32819		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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