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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000055453 (2)

GWS, INC.

## FILED May 08 1997 8:00am Secretary of State

Principal Place of Business 7829 GREENBRIAR PARKWAY ORLANDO FL 32819		Mailing Address	Mailing Address		I TERMENT UNG TATUK DIGALI ODGALI ARTIN ONNIK DENGKI BINDU OKHIN ONDEL KUNDE KHIN TABUL	
		7829 GREENBRIAR PARKWAY ORLANDO FL 32819-8326				
				3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 03/04/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
11	- Marcallook Dlud	26	look Divid	59-3258332	Not Applicable	
22	5#MetroWest Blvd. Suite 330	Suit 5355* MetroW	20	Certificate of Status Desired	\$8.75 Additional Fee Required	
Cite & Shat	ido, Florida 32835	City State Oune 3	da <b>3283</b> 5	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zιρ	Country	8. This corporation has liability for i		
24∫	25		80	Florida Statutes  10. Name and Address of New Reg	Yes No	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Rei	istered Agent	
	SSMAN, NANCY A		750	SSYAN, NANCY I	<del>4.</del>	
	9 GREENBRIAR PARKWAY		82 Street Add	iress (P.O. Box Number is Not Acceptab <b>355 MetroWest Blvd</b>	le)	
ORL	LANDO FL 32819		83			
				Sulte 330		
			84 City <b>()</b>	riando, Fiorida 32835	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the p	urpose of changing its registered	
office or a	registered agent, or both, in the Sta am familiar with, and a coult the obli	le of Florida. Such change was au hations of, Section 607,0505. Flori	ithorized by the corpora ida Statutes.	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment as registered	
	Vaccial L	94,000,000,000,000	ad bialotos.	/ د	2192	
SIGNATURE	Signature: typed or printe I name of registered a	gent and title if applicable (NOTE:	Registered Agent signature requ	ulred when reinstaling)	ATE	
12.	· p	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC		
THUE	VSD	☐ DELETE	1.F TITLE	CD	Change Addition	
NAME:	ROSSMAN, NANCY A		1.2 NAME	COSSILAND NANCE	1/4 C - 220	
STREET ADDRESS	7829 GREENBRIAR PARKWA	Υ	13 STREET ADDRESS	6355 METROWEST	BUND SUNT COOL	
City-St-7P	ORLANDO FL 32819	DELETE	1.4 CrTY - ST - ZiP	"velando TL	<u> </u>	
TITLE	PD	L_DELETE	2.1 TITLE		Change Addition	
NAME	ROSSMAN, NORMAN A	V	2.2 NAME			
STREET ADDRESS	7829 GREENBRIAR PARKWA	ı	2.3 STREET ADDRESS	4 · *		
CHY-ST-7IF	ORLANDO FL 32819	DELETE	2 4 CITY - ST - ZIP		Change Addition	
PITLE	DOCCMAN DITTH I	F"] DETEK	3.1 TITLE 3.2 NAME	SSUAN RUTH. T.	Agustor Agustor	
NAME CIDELY ADDRESS	ROSSMAN, RUTH J 7829 GREENBRIAR PARKWA	٧	3.3 STREET ADDRESS	355 MOTEOWEST BU	US JUITE 830	
STREET ADDRESS CITY+ST-ZIP	ORLANDO FL 32819	•	3.4 CITY-ST-ZIP	DELANDO, FR. 3283	<u>-</u>	
III.F	VINCTION I L OCOTO	DELETE	4.1 TITLE	entition, I CI DOGO	Change Addition	
NAME			4.2 NAME			
STRECT ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
DILE	***************************************	☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
MILE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY -ST-7IP			64 CITY-ST-ZIP			
	<u> </u>		- · · · · · · · · · · · · · · · · · · ·	die Destina AND 07/07/1 Chellete Otalita	A Country of the state of the s	

14. I do 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 othere 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 a stachment with an address.

SIGNATURE

SUMMER AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

523-2323 407<del>3040055</del>

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