

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY -1 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067094 (9)

1. Corporation Name
GHLWD, INC.



Principal Place of Business
1665 PALM BEACH LAKES BOULEVARD
SUITE 610
WEST PALM BEACH FL 33401

Mailing Address
1665 PALM BEACH LAKES BOULEVARD
SUITE 610
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-2588255	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
<input type="checkbox"/>					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.
200 LAURA STREET
3RD FLOOR
JACKSONVILLE FL 32201-0240

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DIGIVSEPPE	1.2 NAME	
STREET ADDRESS	353 W LANCASTER AVE, SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Holloway	2.2 NAME	
STREET ADDRESS	353 W Lancaster Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wayne PA 19087	2.4 CITY-ST-ZIP	
TITLE	VPI Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Robinson	3.2 NAME	
STREET ADDRESS	353 W Lancaster Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wayne PA 19087	3.4 CITY-ST-ZIP	
TITLE	VPI Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Coyle	4.2 NAME	
STREET ADDRESS	353 W Lancaster Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Wayne PA 19087	4.4 CITY-ST-ZIP	
TITLE		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		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: _____ Robert Digivseppe 4/29/98 (10/18/97/32)

CR2E034 (10/97)