

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000070735 (2)

1. Corporation Name

GWD ORLANDO 109, INC.



Principal Place of Business

Mailing Address

**100 CAMPUS DRIVE
SUITE 300
FLORHAM PARK NJ 07832-0950**

**100 CAMPUS DRIVE
SUITE 300
FLORHAM PARK NJ 07832-0950**

3. Date Incorporated or Qualified
09/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **432 Route 206 North**

26 **P.O. Box 1091**

4. FEI Number
59-3346716

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Bedminster, NJ

Bedminster, NJ

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **07921**

25 Country **USA**

29 Zip **07921**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOBERING, GRAY & WHITE, P.A.
201 S. ORANGE AVENUE
SUITE 700
ORLANDO FL 32801**

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 607.1509, 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

Signature of Corporation Officer or Director (Required if Applicable)

(If Applicable) Registered Agent Signature (Required if Applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **GALE, STANLEY C**
STREET ADDRESS **100 CAMPUS DRIVE, SUITE 300**
CITY - ST - ZIP **FLORHAM PARK NJ 07932-0950**

TITLE **D** DELETE
NAME **WENTWORTH, FRANCIS X JR.**
STREET ADDRESS **100 CAMPUS DRIVE, SUITE 300**
CITY - ST - ZIP **FLORHAM PARK NJ 07932-0950**

TITLE **D** DELETE
NAME **DILLON, THOMAS H**
STREET ADDRESS **100 CAMPUS DRIVE, SUITE 300**
CITY - ST - ZIP **FLORHAM PARK NJ 07932-0950**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **200 Campus Drive, Suite 200**
14 CITY - ST - ZIP **Florham Park, NJ 07932-0950**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS **200 Campus Drive, Suite 200**
24 CITY - ST - ZIP **Florham Park, NJ 07932-0950**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS **432 Route 206 North**
34 CITY - ST - ZIP **Bedminster, NJ 07921**

41 TITLE Change Addition
42 NAME **Director**
43 STREET ADDRESS **Ritson, Sydney W.**
44 CITY - ST - ZIP **432 Route 206 North**
Bedminster, NJ 07921

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information supplied 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed _____ on an attachment with an address.

SIGNATURE:

Thomas H. Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas H. Dillon

7/31/96

908/658-4400

CR2E034 (3/96)