

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State
 08-13-1999 90011 007 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000070735
 1. Corporation Name
GWD ORLANDO 109, INC.



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 432 ROUTE 206 NORTH BEDMINSTER NJ 07921 US | Mailing Address P. O. BOX 1091 N/A BEDMINSTER NJ 07921 US |
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|---|--|
| 3. Date Incorporated or Qualified 09/13/1995 | |
| 4. FEI Number 59-3346716 | 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 the current year Intangible Personal Property. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|-------------------|-------------------|
| 2. Principal Place of Business 21 100 Campus Drive Suite, Apt. #, etc. 22 Suite 105 City & State 23 Florham Park, NJ Zip 24 07932 | 2a. Mailing Address 26 -100 Campus Drive Suite, Apt. #, etc. 27 Suite 105, P.O. Box 992 City & State 28 Florham Park, NJ Zip 29 07932 | Country 25 USA | Country 30 USA |
|--|--|-------------------|-------------------|

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| 9. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-3209 | 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 |
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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 | GALE, STANLEY C | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 200 CAMPUS DRIVE, STE. 200 | 1.2 NAME | |
| STREET ADDRESS | FLORHAM PARK NJ 07932 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | WENTWORTH, FRANCIS X JR. | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 200 CAMPUS DRIVE, STE. 200 | 2.2 NAME | |
| STREET ADDRESS | FLORHAM PARK NJ 07932 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | DILLON, THOMAS H | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 432 ROUTE 206 NORTH | 3.2 NAME | |
| STREET ADDRESS | BEDMINSTER NJ 07921 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | KITSON, SYDNEY M. | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 432 ROUTE 206 NORTH | 4.2 NAME | |
| STREET ADDRESS | BEDMINSTER NJ 07921 | 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: _____ **8/9/99** 973/236-9600

CR2E034 (5/99)