

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000070735**

1. Corporation Name

GWD ORLANDO 109, INC.

Principal Place of Business

**432 ROUTE 206 NORTH
BEDMINSTER NJ 07921
US**

Mailing Address

**P. O. BOX 1091 N/A
BEDMINSTER NJ 07921
US**

2. Principal Place of Business

21 100 Campus Drive

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Florham Park, NJ

Zip

24 07932

Country

25 USA

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

30 USA

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-3209**

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

59-3346716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GALE, STANLEY C**
STREET ADDRESS **200 CAMPUS DRIVE, STE. 200**
CITY-ST-ZIP **FLORHAM PARK NJ 07932**

TITLE **D** ☐ DELETE

NAME **WENTWORTH, FRANCIS X JR.**
STREET ADDRESS **200 CAMPUS DRIVE, STE. 200**
CITY-ST-ZIP **FLORHAM PARK NJ 07932**

TITLE **D** ☐ DELETE

NAME **DILLON, THOMAS H**
STREET ADDRESS **432 ROUTE 206 NORTH**
CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **D** ☐ DELETE

NAME **KITSON, SYDNEY M.**
STREET ADDRESS **432 ROUTE 206 NORTH**
CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

[Signature]
SIGNATURE REQUIRED

8/9/99

973/236-9600

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90011 007 ***550.00



DO NOT WRITE IN THIS SPACE

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