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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024679

1. Corporation Name

G.B.W., INC.

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90014 012 ***163.75

<u> </u>		11.77 1.44							
Principal Place of Business Mailing Address									
879 Tivoli Circle 879 Tivoli Circl					e				
#101 #101						DO NOT WRITE IN THIS SPACE			
Deerfield Bch. FL 33441 Deerfield Bch. F					L US	3. Date incorporated or Qualifed			
US					3441	03/08/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				Not Applica	<u>ble</u>	x	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired	[X]		5 Additional
22		27							Required
City & State	City & State City & State					6. Election Campaign Financin	g 🔀		00 May Be
23						Trust Fund Contribution			ed to Fees
Zip				ntry		8. This corporation owes the c			ET No.
24	25	- 	30			Personal Property Tax. 10. Name and Address of New		☐ Yes	₩No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of Net	N Registered A	gent	
PSTD	_			۱,۰	Name				
Woody, Gregory B.				82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
879 Tivoli Circle #101				83					
Deerf	ield Beach FL 334	441	(83					l
			ļ	84	City		FL	85 2	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the at	oove	-named corpo	oration submits this statement for t	he purpose of c	hanging	its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was at	utnorizea	DV 1	tne corporatio	n's board of directors. I hereby ac	cept the appoin	tment as	s registered
1	. 1 /	4	_	,	ody	PSTD.	5-20-	99	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Agent	t signature required	(WHO! CHISTORITY)			
12.	OFFICER® AND		13.			ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE	PSTD	☐ DELETE	1.1 ∏1	LΕ				☐ Chan	ge 🗌 Addition
NAME	WOODY, GREGORY B	3	1.2 NA						
STREET ADDRESS	879 Tivoli Circl		1.3 ST	REET	ADDRESS				j
CITY-ST-ZIP	Deerfield Bch. F	T. 33441 —	1,4 CIT	Y-ST	ZIP			<u> </u>	- Addison
TITLE		DELETE	2.1 TIT	ΊΕ				Chan	ge
NAME			2.2 NA	ME					
STREET ADDRESS			23 ST	REET	ADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TIT	1E				Chan	ge
NAME								_	
STREET ADDRESS)		3.2 NA	ME		-		_	ł
					ADDRESS	-			
CITY-ST-ZIP			3.3 ST 3.4, CI	REET					T Addition
CITY-ST-ZIP TITLE		☐ DELETE	3.3 ST	REET				Chan	ge Addition
		☐ DELETE	3.3 ST 3.4, CI	REET TY-S' LE		-			ge Addition
TITLE		☐ DELETE	3.3 ST 3.4, CF 4.1 TIT 4.2 N/	REET TY-S LE AME					ge
TITLE NAME			3.3 ST 3.4, CF 4.1 TIT 4.2 N/	REET TY-S' LE AME REET	T-ZIP	-		☐ Chan	
TITLE NAME STREET ADDRESS		☐ DELETE	3.3 ST 34. CT 4.1 TIT 4.2 No 43 ST 44 CH 5.1 TIT	REET TY-S' LE AME REET TY-ST	T-ZIP	-			
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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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR