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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600032708 (5)

1. Corporation Name GWD MANAGEMENT COMPANY OF FLORIDA, INC. Principal Place of Business Mailing Address 9055 IBIS RIVD WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412														
										Date Incorporated or Qualifie 04/15/1996	d 3a. D	ate of Last	Report	
2. Principal F	lace of Busin	ness	2a. Ma	2a. Mailing Address					FEI Number		A T	pplied For		
21				26						65-0664619		h	ot Applicable	
Suite, Apt. 22	. #, etc.		Su 27	Suite, Apt. #, etc.					Certificate of Status Desired			Additional lequired		
City & Stat	te			City & State				6.	Election Campaign Financing	— I) May Be		
23		.		28						Trust Fund Contribution			to Fees	
7 _{(p}		} <u>-</u>	ountry	Z _i)	Count	ry		8.	This corporation has liability			s. 199.032,	
24	9. Name and Address of Current R				29 30			<u> </u>	10	Florida Statutes Name and Address of New	Yes X			
INT						8	ri	Name	10.	THE REPORT OF THE PARTY OF THE	rio Brator oc	Ayont		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE								Stroot Adde	'000 /E	dable)	,			
1	SUITE 3000							Sireel Addr	888 Jr	P.O. Box Number is Not Accep	nable)			
MIAMI FL 33131														
						ē	4	City			FI	85 Zip	Code	
11. Pursuant	to the provis	ions of	Sections 607.0502	and 607.1	1508. Florida Statuti	es, the abo	the above-named corpo			on submits this statement for th		changing	its registered	
office or i agent. La	registered ag am familiar w	ent, or ith, and	both, in the State of accept the obligation	Florida. 1	Such change was a sction 607.0505. Fix	authorized l orida Statut	by es	the corporat	ion's l	on submits this statement for the board of directors. I hereby ac	cept the app	ointment a	s registered	
SIGNATURE					,,,,,,								ĺ	
12.	Signature typon	dinar e of registered agent i OFFICERS AND I				egistered Agent signature required				DATE	PIDEOTO	20 11 40		
TITLE	Presid	ent	and Direct		DELETE	1.1 191.6	 F			ADDITIONS/CHANGES TO OF e President	FILERS AND	Change		
MAME	Thomas	H.	Dillon	OI.		1.2 NAM				athan G. Thorpe		Change	N-AVA LIBORIUM	
STREET ADDRESS			Boulevard		1.3 STRE	1.3 STREET ADDRESS		905	5 Ibis Boulevard	ı				
CITY - \$1 - ZIF	West Palm Beach, Flori									t Palm Beach, FL	3341	2];	
TITLE	Vice P	reși	dent and D	irect	or 🗌 delete	L DELETE 2.1 TITLE			Vic	e President	00 121	Change	XXXAddition	
NAME	Stanley C. Gale 9055 Ibis Boulevard								Cli	fford G. Wilson				
STREET ADDRESS				rt da	1da 33412			ADDRESS	905	5 Ibis Boulevard	İ		}	
CITY ST-7/F	West Palm Beach, Florida 33412 Vice President, Secretary Dear					2. 4 CHY+ST-ZIP 3.1 TIYLE			29 W	t Palm Beach, FL	3341	Change	Addition	
NAME	& Director: Francis X. Wentworth. Jr													
STHEET ADDRESS	9055 I	bis	Boulevard				ET.	ADDRESS				ē		
CITY+ST- ZIP			Beach, Flor	rida	33412	3.4. CiTY	-\$	it - ZiP			·····	·		
TITLE	Vice P				☐ DELETE	4.1 TITLE						Change	Addition	
NAME	Sydney	W.	Kitson Boulevard			4 2 NAM		}						
	West P	olm ors	Beach, Flor	ci da	33412			ADDRESS					{	
City-St-71P TITLE	Treasu		20001, 110	- 4.00	DELETE	4.4 CITY 5.1 TITLE	_	1-216				Change	Addition	
NAME	Michae.	1 G,	Leeder			5.2 NAM		1						
STREET LACOURESS	9055 I	bis	Boulevard					ADDRESS					1	
CITY - S1 - 7IP	West Pa	alm	Beach, Flor	rida	33412	5.4 CITY		- 1					<u> </u>	
TITLE					DELETE	6.1 TITLE						Change	Addition	
NAME	}					6.2 NAM				•)	
STREET ADDRESS						6.3 STR€	ET.	ADDRESS					1	

64 CITY-ST-ZIP CHTY-S1-ZIF 14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan G: Thorpe, Vice President 3/19/97

FILED

Apr 10 1997 8:00am

Secretary of State

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