

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

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

04-13-1999 90023 013 ***150.00

DOCUMENT # P96000032708

1. Corporation Name

GWD MANAGEMENT COMPANY OF FLORIDA, INC.

Principal Place of Business
9055 IBIS BLVD
WEST PALM BEACH FL 33412

Mailing Address
9055 IBIS BLVD
WEST PALM BEACH FL 33412

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number
65-0664619

Applied For
Not Applicable

5. Certificate of Status: Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

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 PD ☐ DELETE

NAME DILLON, THOMAS H

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

TITLE VPD ☐ DELETE

NAME GALE, STANLEY C

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

TITLE VPSD ☐ DELETE

NAME WENTWORTH, FRANCIS X JR

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

TITLE VP ☐ DELETE

NAME KITSON, SYDNEY W

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

TITLE T ☐ DELETE

NAME LEEDER, MICHAEL G

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

TITLE VP ☐ DELETE

NAME THORPE, JONATHAN G

STREET ADDRESS 9055 IBIS BLVD

CITY-ST-ZIP W PALM BCH FL

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, with all other like empowered.

SIGNATURE:

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

4/5/99

973/236-9600

Date

Daytime Phone #