FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moltham ' Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000018397 (4) GWB ENTERPRISES, INC. Principal Place of Business Mailing Address 3063 COURTLAND ST. 3063 COURTLAND ST. SARASOTA FL 34237 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intargible 24 **⊘**No 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRIDGES WENDIE. 3063 COURTLAND ST. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 83 64 City Zip Code 85 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 profed came of regulated agest and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Wendie Bridges DELETE TITLE 1.1 TITLE Change Addition NAME 1.2 NAME CR2E034 STREET ADDRESS 3063 COUNTION OF ST. 1.3 STREET ADDRESS Savasota, FL 34237 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 3 if changed, or or an attachment with an address.

5.4 City-St-ZiP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/20108

Cu1-245-6136

Change

Addition