CR2E034 (11/98)

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 30, 1999 8:00 am Secretary of State

04-30-1999 90003 038 ***150.00

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ame		. •		•		•

1. Corporation Na

GAW, INC.

DOCUM

Principal Place of Business

Mailing Address

5525 S.W. 41ST STREET

SIGNATURE

5525 S.W. 41ST STREET



HOLLYWOOD FL 33023	HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE		
			3. Date incorporated or Qualifed 04/14/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 5575 SW 415t	26 5325 500 4	1 st	65-0746778	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Hollywood FL	City & State	PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		ountry 8. This corporation owes the current year Intangible			
24 33023 25 US	29 33023 30	ノル・S	Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Cui	rrent Registered Agent	10. Name and Address of New Registered Agent			
WILSON, GARTH A 5525 S.W. 41ST STREET		81 Name Carth A Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 5525 S 4154			
HOLLYWOOD FL 33023		83 # 304			
·			Mywood FL	85 Zip Code 33023	
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob 	ate of Florida. Such change was authorize	d by the corporation	vation submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing its registered ntment as registered	

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12 ☐ DELETE 1.1 TITLE ES/CEO ☐ Change Addition TITLE A. 4 NAME WILSON, GARTH A 1.2 NAME 5525 S.W. 41ST STREET 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change ™E 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE -TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ["] Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY-ST-7IP 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 charged/or on an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUNE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Date

Daytime Phone #

[] Change

Addition