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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000034248			
1. Corporation Name GAW, INC.			
Principal Place of Business 5525 S.W. 41ST STREET HOLLYWOOD FL 33023		Mailing Address 5525 S.W. 41ST STREET HOLLYWOOD FL 33023	
2. Principal Place of Business 21 5525 SW 41st Suite, Apt. #, etc. 22 #304 City & State 23 Hollywood, FL Zip 24 33023 25 U.S.		2a. Mailing Address 26 5525 SW 41st Suite, Apt. #, etc. 27 #304 City & State 28 Hollywood, FL Zip 29 33023 30 U.S.	
9. Name and Address of Current Registered Agent WILSON, GARTH A 5525 S.W. 41ST STREET HOLLYWOOD FL 33023			
10. Name and Address of New Registered Agent 81 Name Garth A Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 5525 SW 41st 83 #304 84 City Hollywood FL 85 Zip Code 33023			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GARTH A 5525 S.W. 41ST STREET HOLLYWOOD FL 33023	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRES/CEO GARTH A. Wilson 5525 SW 41st #304 Hollywood, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)