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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

FILED Mar 26 1998 8:00am Secretary of State

1998 P97000089320 (0) DOCUMENT # G-P USW, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 P. O. BOX 5010 BOCA RATON FL 33431-0810 **BOCA RATON FL 33431-0810** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0788601 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 П Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 20 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HERRICK, NORTON 2295 CORPORATE BLVD., N.W., SUITE 222 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431-0810** 83 84 City 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 pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE \_\_\_ Addition DPST TITLE HERRICK, NORTON 1.2 NAME NAME 2295 CORPORATE BLVD., N.W., SUITE 222 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431-0810** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE VP AS Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Chance Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied indicated on this annual report of supplimer officer or director of the corporation or file re Block 12 or Block 13 if changed on on an at filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

with an address

SIGNATURE:

56/24/9880