

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
 03 MAR 22 AM 11:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 098000003988

1. Corporation Name
GWD SALES INC.

Principal Place of Business: **2725 REYNOLDS AVE. LAKEWOOD, FLA 33801**
 Mailing Address: **P.O. Box 671 LAKEWOOD, N.Y. 08701**

21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc		Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

DO NOT WRITE IN THIS SPACE

3. Date in corporation qualified: **2-96**

4. FEI Number: **223559512**

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

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

7. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

81 Name: **CORPORATION SERVICE CO.**
 82 Street Address (P.O./Box Number is Not Acceptable): **120 HAN'S ST.**
 83
 84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

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 fee if applicable

(NOTE: Registered Agent signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[] DELETE
NAME	GORDON L. STROUT JR.	
STREET ADDRESS	24 MC GROVEY DR.	
CITY-ST-ZIP	MANASSASVAUN, N.J. 08736	
TITLE	VICE PRESIDENT	[] DELETE
NAME	WILLIAM R. CLAYTON	
STREET ADDRESS	197 E. VETERANS HWY.	
CITY-ST-ZIP	JACKSON, N.J. 08527	
TITLE	TREASURER	[] DELETE
NAME	DOUGLAS R. CLAYTON	
STREET ADDRESS	29 GUDZ RD.	
CITY-ST-ZIP	LAKEWOOD, N.Y. 08701	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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: **PRESIDENT 3-16-99 (408)368-5158**

CR2E034 (11/98)