FILE NOW: FILING FEE IS $61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729747

1. Corporation Name
FIVE TOWNS OF ST. PETERSBURG, NO. 305, INC.

Principal Place of Business
5603 80TH ST. N.
APT. 401
ST PETERSBURG FL 33709

Mailing Address
8141 54TH AVE NORTH
ST PETERSBURG FL 33709
US

03/05/99 90033 028 $61.25

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
05/23/1974

4. FEI Number
59-2008957
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SORENSEN, LYN
8141 54TH AVE N
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _______ RPM 2-2-99
(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	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	HERSHMAN, CHARLES		1.2 NAME	JOE RYAN
STREET ADDRESS	5603 80TH ST N., #401		1.3 STREET ADDRESS	5603 80th STREET N., #201
CITY-ST-ZIP	ST.PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	VP	☒ DELETE	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	BORRADAILE, JOE		2.2 NAME	WINNIE GREEN
STREET ADDRESS	5603 80TH ST N., #412		2.3 STREET ADDRESS	5603 80th STREET N., #116
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	S D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWK, ANNA		3.2 NAME	
STREET ADDRESS	5603 80TH ST #202		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709		3.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	WOLCOTT, EVELYN		4.2 NAME	DOROTHY PUGLIN
STREET ADDRESS	5603 80TH ST N., #206		4.3 STREET ADDRESS	5603 80th STREET N., #509
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME	HUST, WILLIAM		5.2 NAME	JULIANNE TORREY
STREET ADDRESS	5603 80TH ST N., #406		5.3 STREET ADDRESS	5603 80th STREET N., #214
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GURJACK, JOHN		6.2 NAME	
STREET ADDRESS	5603 80TH STREET N #204		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709		6.4 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 617, 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: SIGNATURE REQUIRED JOSEPH G. RYAN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
548-7629

CR2E037 (11/98)

4/21

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

PROFIT CORPORATION ANNUAL REPORT
1999

98 JUL 19 AM 8:

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 16 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064667

1. Corporation Name
GRAND DEALER, INC.

Principal Place of Business	Mailing Address
1141 SW 84 CT. MIAMI, FL 33144	1141 SW 84 CT. MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JULY 28, 1997

2. Principal Place of Business	2a. Mailing Address
21 14645 SW 42 ST.	26 9633 SW 133 PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL 33186
24 Zip: 33175 25 Country: USA	29 Zip: 33186 30 Country: USA

4. FEI Number: 65-0926434 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALIETTE AROCHA 1141 SW 84 CT. MIAMI, FL 33144	81 Name: OSCAR E. RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable): 9633 SW 133 PL 83 84 City: MIAMI FL 85 Zip Code: 33186

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] DATE: 7/9/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: D/P 1.2 NAME: OSCAR ENRIQUE RODRIGUEZ 1.3 STREET ADDRESS: 9633 SW 133 PL. 1.4 CITY-ST-ZIP: MIAMI, FL 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: D/V/S 2.2 NAME: ALIETTE E. AROCHA 2.3 STREET ADDRESS: 9633 SW 133 PL 2.4 CITY-ST-ZIP: MIAMI, FL 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

900002948759--3
-08/03/99--01039--011
****150.00 ****150.00

900002948759--3
-08/03/99--01039--012
****150.00 ****150.00

900002948759--3
-08/03/99--01039--013
******8.75 ******8.75

LS

CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/9/99 (305) 383-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #