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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 766480 1. Corporation Name GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED		
Principal Place of Business 4881 GRIFFIN RD APT 101 204 DAVIE FL 33314 US	Mailing Address 4881 GRIFFIN RD APT 204 DAVIE FL 33314 US	



2. Principal Place of Business 21 GRIFFIN GARDENS Suite, Apt. #, etc. 22 4881 GRIFFIN RD City & State 23 DAVIE FLA Zip 24 33314 Country 25 BROWARD	2a. Mailing Address 26 4881 GRIFFIN RD Suite, Apt. #, etc. 27 APT 204 City & State 28 DAVE FLA Zip 29 33314 Country 30 BROWARD	3. Date Incorporated or Qualified 01/11/1983	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent KHALIFE, BETTY J CHANGE 4881 GRIFFIN RD APT 423 DAVIE FL 33314	10. Name and Address of New Registered Agent 81 Name JANE A KRUGER 82 Street Address (P.O. Box Number is Not Acceptable) 4881 GRIFFIN RD APT # 204 83 84 City DAVIE FL 85 Zip Code 33314
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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 Jane A Kruger **JANE A KRUGER** DATE **2-3-99**

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DOROTHY	1.2 NAME	DOROTHY JACKSON
STREET ADDRESS	4881 GRIFFIN RD, APT 101	1.3 STREET ADDRESS	4881 GRIFFIN RD
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	DAVIE FLA 33314 APT 101 SAME
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARD, MILDRED	2.2 NAME	SHIRLEY HUTCHINS
STREET ADDRESS	4881 GRIFFIN RD, 102	2.3 STREET ADDRESS	4881 GRIFFIN RD
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	DAVIE FLA 33314 APT 323
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALIFE, BETTY J	3.2 NAME	JANE KRUGER
STREET ADDRESS	4881 GRIFFIN RD, APT 423	3.3 STREET ADDRESS	4881 GRIFFIN RD
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	DAVIE FLA 33314 APT 204
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLITT, MAE	4.2 NAME	MAE POLLITT
STREET ADDRESS	4881 GRIFFIN RD, #116	4.3 STREET ADDRESS	4881 GRIFFIN RD
CITY-ST-ZIP	DAVIE FL 33314	4.4 CITY-ST-ZIP	DAVIE FLA 33314 APT 116 SAME
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUGER, JANE	5.2 NAME	WATERMAN, MARY
STREET ADDRESS	4881 GRIFFIN RD	5.3 STREET ADDRESS	4881 GRIFFIN RD
CITY-ST-ZIP	DAVIE FL 33314	5.4 CITY-ST-ZIP	DAVIE FLA 33314 APT 116
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYES, MARGARET	6.2 NAME	MAYES MARGARET
STREET ADDRESS	4881 GRIFFIN RD, #107	6.3 STREET ADDRESS	4881 GRIFFIN RD #107
CITY-ST-ZIP	DAVIE FL 33314	6.4 CITY-ST-ZIP	DAVIE FLA 33314 SAME

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: Jane A Kruger **JANE A KRUGER** DATE **2-3-99** DAYTIME PHONE # **954 583-9646**

Signature and typed or printed name of signing officer or director

CR2E037 (11/98)