

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

FILED

Apr 24 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # J75669 (8)
1. Corporation Name
NEUHAUS/GRIFFIN, INC.



| | |
|--|--|
| Principal Place of Business 1215 E. ROBINSON ST. ORLANDO FL 32801-2115 | Mailing Address 1215 E. ROBINSON ST. ORLANDO FL 32801-2115 |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/03/1987 | 3a. Date of Last Report 03/12/1996 |
| 4. FEI Number 59-2816122 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 488 Julian Lane Suite, Apt #, etc. | 2a. Mailing Address 26 P.O. Box 940065 Suite, Apt #, etc. |
| 22 City & State 23 Maitland, Fl 32751 | 27 City & State 28 Maitland, Fl 32794 |
| 24 Zip 32751 Country Seminole | 29 Zip 0065 Country Seminole |

9. Name and Address of Current Registered Agent
**PAYAS, ARMANDO ESQUIRE
1014 E. ROBINSON ST
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name **Payas, Armando, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable)
1018 E. Robinson St.
83
84 City **Orlando** FL 85 Zip Code **32801**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | NEUHAUS, RITA M. |
| STREET ADDRESS | 1215 E. ROBINSON ST. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | NEUHAUS, RITA M. |
| STREET ADDRESS | 1215 E. ROBINSON ST. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | GENNARO, MARIA N. |
| STREET ADDRESS | 1215 E ROBINSON ST. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TYRRELL, Rita N. |
| 1.3 STREET ADDRESS | 488 Julian Lane |
| 1.4 CITY-ST-ZIP | Maitland, Fl 32751 |
| 2.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TYRRELL, Rita N. |
| 2.3 STREET ADDRESS | 488 Julian Lane |
| 2.4 CITY-ST-ZIP | Maitland, Fl 32751 |
| 3.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GENNARO, Maria N. |
| 3.3 STREET ADDRESS | 488 Julian Lane |
| 3.4 CITY-ST-ZIP | Maitland, FL 32751 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: Rita Tyrrell **PRESIDENT** 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)