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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(2)

GRANT ADVENTURES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	
9815 25TH ST., EAST PARRISH FL 34219	9815 25TH ST. EAST PARRISH FL 34219	
Principal Place of Business The Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Jan 23 1998 8:00am Secretary of State



## SRIS 25TH ST. EAST PARRISH FI. 34219 2 Principal Place of Business 2							
PARRISH FL 34219 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. 8, etc. 3. Suite, Apt. 8, etc.	Principal Plac	e of Business	Mailing Address				
2. Principal Place of Business							
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Suite, Apt. #, etc	21					65-0184578	
City & State City	Suite, Apt.	#, etc.					
City & State City & State City & State City & State 28	22		27			5. Certificate of Status Desired	
Zip	City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip Country Zip Country Zip Country R. This corporation owes or has paid the curred year Intangible Part of the Country Registered Agent 10. Name and Address of New Registered Agent 10. Name and 10. N	23		28				
GRANT, BRUCE R. 9815 25TH ST., EAST PARRISH FL 34219 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered agent, or both, in the State of Fordas Such change was authorized by the corporation's board of directors. I hereby accept the dapointment as r	Zip	Country	Zip	Country	/	8. This corporation owes or has paid the o	current year Intangible
GRANT, BRUCE R. 9815 25TH ST.,EAST PARRISH FL 34219 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 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, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type for protect name of registered agent and title if agesticable PROTE, Registered Agent appointment as predictions by the corporation's board of directors, I hereby accept the appointment as registered statutes. SIGNATURE Signature, type for protect name of registered agent and title if agesticable PROTE, Registered Agent appointment and appointment as registered agent appointment as registered agent appointment as registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the corporation's board of directors, I hereby accept the appointment as registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar to the purpose of changing its registered agent, are familiar with, and accept the obligations of the corporation submits this statement for the purpose of changing its registered agent, are familiar and the purpose of changing its registered agent, are familiar with, and accept the obligations of f	24	<u> </u>		10			<u> </u>
STREET ADDRESS STRE		Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
9815 25TH ST_EAST PARRISH FL 34219 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 agent, or both, in the State of Florida. Succinchange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607,0505, Proficed Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SIREST ADDRESS CITY-ST-ZP PARRISH FL DELETE 12. INTILE 12. PLANE 13. STREET ADDRESS CITY-ST-ZP 14. DIFFICERS 14. TITLE 15. STREET ADDRESS CITY-ST-ZP 15. STREET ADDRESS CITY-	GF.	ANT, BRUCE R.		81	Name		
PARRISH FL 34219 B3				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
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SIGNATURE				84	City	F	L 85 Zip Code
SIGNATURE	11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose	of changing its registered
SIGNATURE	office or t	registered agent, or both, in the State	e of Florida. Such change was au	thorized by	y the corporati	tion's board of directors. I hereby accept the a	ppointment as registered
Signature, typed or principle agent and tall of applicable. [NOTE, Registered Agent signature required when relansating)		an identification with the cong	paties as of coorder con topologic loss	ou olaloto	u .		
TITLE	SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE.	Registered Ag	ant signature requir	red when reinstating) DATE	
NAME STREET ADDRESS 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
STREET ADDRESS PARRISH FL	TITLE	Р	DELETE	1.1 TITLE			Change Addition
City - St - Zip	NAME	GRANT, BRUCE R.		1.2 NAME	İ		
TITLE	STREET ADDRESS	9815 25TH ST., EAST		1.3 STREET	ADDRESS		
DELETE	CITY-ST-ZIP	Parrish FL		1.4 CITY - 9	ST-ZIP		
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CITY-ST-ZIP				1	1		ļ
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		certify that the information supplied w	ith this filing does not qualify for			Section 119,07(3)(i), Florida Statutes, I further	certify that the information

indicated on this armual 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 ar 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.

1/13/98