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**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011560 (8)
1. Corporation Name
GRI OF WEST FLORIDA, INC.



Principal Place of Business Mailing Address

951 S. ANDREWS AVE. POMPANO BCH. FL 33069 US

951 S. ANDREWS AVE. POMPANO BCH. FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1993

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number Applied For
65-0398256 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WRIGHT, DOFNALD F
145 N. MAGNOLIA AVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

83 **500002508435**

84 City, State, Zip Code
Plantation, FL 33324

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 Sections 607.0502, Florida Statutes.

SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **4/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLICK, GREG	1.2 NAME	STEVE POWELL
STREET ADDRESS	951 S. ANDREWS AVE.	1.3 STREET ADDRESS	951 S. ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
TITLE	V	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, SHIRLEY D.	2.2 NAME	SHIRLEY D. LITTLE
STREET ADDRESS	951 S ANDREWS AVE	2.3 STREET ADDRESS	951 S. ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	V	3.1 TITLE	V.P. OF FINANCE/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, STEVEN G	3.2 NAME	DALE EBY
STREET ADDRESS	951 S. ANDREWS AVENUE	3.3 STREET ADDRESS	951 S. ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VP	4.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MICHAEL	4.2 NAME	ROBERT EUBOW
STREET ADDRESS	951 S. ANDREWS AVE.	4.3 STREET ADDRESS	951 S. ANDREWS AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
TITLE		5.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIAM LESTER
STREET ADDRESS		5.3 STREET ADDRESS	951 S. ANDREWS AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
TITLE		6.1 TITLE	ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Greg Wallick
STREET ADDRESS		6.3 STREET ADDRESS	951 S. Andrews Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pompano Beach, FL 33069

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.

SIGNATURE: *Dale E Eby* **DALE E EBY** TREASURER **4/21/98 954/412-3550**

CR2E034 (10/97)