

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064096 (9)

1. Corporation Name
2900 GRIFFIN ROAD, INC.



Principal Place of Business: **411 E COMMERCIAL BLVD FT LAUDERDALE FL 33334**
Mailing Address: **PO BOX 23276 FT LAUDERDALE FL 33307 US**

3. Date Incorporated or Qualified: **09/15/1993**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **65-0443024**
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**FERRIE, EDWARD B
411 E COMMERCIAL BLVD
SUITE 101
FT LAUDERDALE FL 33334**

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

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: _____ Signature type to print the name of the person who is signing for the corporation. (Do not sign for the corporation if you are not the registered agent or officer or director.) PAN: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRIE, EDWARD	
STREET ADDRESS	411 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY- ST- ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY- ST- ZIP	
33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 NAME	
35 STREET ADDRESS	
36 CITY- ST- ZIP	
37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 NAME	
39 STREET ADDRESS	
40 CITY- ST- ZIP	

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-04/15/96--01026--015
***200.00

SIGNATURE: *Edward B Ferrie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96 954-491-8299

CR2E034 (12/95)