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May 05 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 # 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 33307-3276
US

3. Date Incorporated or Qualified 09/15/1993
3a. Date of Last Report 04/14/1996

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FERRIE, EDWARD B
411 E COMMERCIAL BLVD
~~SUITE 401~~
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 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes entry for PVTD FERRIE, EDWARD at 411 E COMMERCIAL BLVD, FT LAUDERDALE FL 33334.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes entries 1.1 through 6.4 for additions or changes to officers and directors.

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: Edward B Ferrie 11/3/97 954 491-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)