

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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90019 013 \*\*\*\*\*8.75  
 07-14-1999 90019 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1998/9



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

DOCUMENT # P94000002019 (5)  
 1. Corporation Name  
 GRASS RIVER GROWERS, INC.



Principal Place of Business: 1101 THOMAS STREET DELRAY BEACH FL 33483  
 Mailing Address: 1101 THOMAS STREET DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 3345 OLEANDER WAY  
 Suite, Apt. #, etc.  
 22 City & State  
 23 GULF STREAM  
 Zip Country  
 24 FL 25  
 26 3345 OLEANDER WAY  
 Suite, Apt. #, etc.  
 27 City & State  
 28 GULF STREAM, FL  
 Zip Country  
 29 33483 30

3. Date Incorporated or Qualified  
 01/10/1994  
 4. FEI Number  
 65-0475585 Applied To 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 owes or has paid the current year Intangible Personal Property Tax (due June 30)  Yes  No

9. Name and Address of Current Registered Agent  
 BALLERANO, JAMES A  
 % CHAPIN & ARMSTRONG  
 1201 GEORGE BUSH BLVD.  
 DELRAY BEACH FL 33483

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. I, the undersigned, being duly sworn, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed (name of registered agent and 10% if applicable) (FEI) (If not a 10% of corporation required when used here)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	SCANNELL, MARY C.	
STREET ADDRESS	1101 THOMAS ST	
CITY, ST, ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS LIST

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCANNELL, MARY C.	
STREET ADDRESS	3345 OLEANDER WAY	
CITY, ST, ZIP	GULF STREAM, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary C. Scannell*

6-30-99

P94000002019  
588377-90019-7

6-30-91 "ATTACHED LETTER"

DEAR FL DEPT. OF STATE:

I, THOMAS SCANNELL AM PART OF TWO  
S-CORPS IN FLORIDA. I ONLY RECEIVED A  
"2ND NOTICE" ON ONE CORP, AND THAT WAS  
YESTERDAY I HAVE MOVED IN THE PAST YEAR  
AND THE MAILING ADDRESS HAS CHANGED.  
I SPOKE WITH A REPRESENTATIVE FROM YOUR  
OFFICE, AND HE SAID TO WAIVE THE LATE  
FEE AND INCLUDE AN ATTACHED LETTER  
STATING THE REPORT WAS NEVER RECEIVED.  
THE REPORT WAS NEVER RECEIVED

ENCLOSED IS A COPY OF THE '98  
REPORT, AND I HAVE WRITTEN IN TODAY  
MY NEW MAILING ADDRESS THE \$150  
FEE IS ENCLOSED. ~~YOUR~~ OFFICE SAID A  
COPY OF LAST YEAR'S REPORT, ALONG WITH  
ANY CHANGES I.E. MAILING ADDRESS, WOULD BE  
ADEQUATE.

THANK YOU



\* CERT. OF STATUS IS DESIRED