SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030269 (0)

GRASS	HOPPERS PROPERTY MA	ANAGEMENT, INC.			
Principal Plac	ce of Business	Mailing Address		T 19041001 148 (BIIN BIINI GDIŞI BEYIK BELİK DOKL	18 60110 00190 11010 63610 1914 1081
8364 SW 42ND CT 8364 SW 42ND CT DAVIE FL 33328 DAVIE FL 33328				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	O NOL
				04/01/1996	
2. Principal F	Place of Business	2a. Malling Address		4. FEI Number	Applied For
1		26		65-0667743	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	10	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z i p	Country	8. This corporation owes or has paid the co	
24	9. Name and Address of Cur	29	30	Personal Property Tax due June 30.	Yes No
CAD	ET, IAN	iaur vafiizratan Võeur	B1 Name	10. Name and Address of New Registered	Agent
8364 SW 42ND CT DAVIE FL 33328			82 Street Add	ress (P.O. Box Number is Not Acceptable)	÷ T
UAY	IL 1 6 000E0		83		
			84 City	Fi	85 Zip Code
12.		AND DIRECTORS	OTE: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	CADET, IAN		1.2 NAME		
STREET ADDRESS	8364 WW 42ND CT DAVIE FL 33328		1.3 STREET ADDRESS		.•
CITY-ST-ZIP TITLE	DAVIE PL 33320	The res	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME	AGOSTINI, PHILIP	DELETE	2.2 NAME		Change Addition
STREET ADDRESS	12110 SW 121 AVE		2.3 STREET ADDRESS		i
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
TITLE	***************************************	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
FITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Driete	5.4 CITY-ST-ZIP 6.1 TITLE		Channe Addition
NAME		L DELETE	6.2 AME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exer ption 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 an an officer or director of the corporation or the receiver or trustee impowered to exercise 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 impowered to exercise 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.

ITY-ST-ZIP

CIONIATUDE.

CITY-ST-ZIP

Mal B CART delas

954-474-5762

(08/0) \$00

FILED

Sep 17 1998 8:00am

Secretary of State