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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000030269**

GRASS-HOPPERS PROPERTY MANAGEMENT, INC.

Principal Plac	e of Business	Mailing Ad	Idress				1	,					
8364 SW 42ND			8364 SW 42ND CT										
DAVIE FL 3332	8	DAVIE FL 3	13328					DO	NOT WRI	TE IN T	HIS SPACE	,	
							3. Date li	ncorporated				<u> </u>	
							1	1/1996			•		
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI NI	<u> </u>	<u> </u>			Appli	ed For
21		26	-				65-06	67743				Not A	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.	· ·				ate of Status	Desired			_	ditional
22		27										Requ	
City & Stat	te	City &	State					n Campaign	_)0 M: ed to l	ay Be
23 Zin	Country	28 Zip		Cour	ntry			und Contribe		ropt von		30 10 1	rees
Zíp	<u> </u>	29		30	itu y		I	orporation ow nal-Property		rent year	Yes]No
24	25 9. Name and Address of Cur		gent	[30]				and Addres		Register			
	g, Haine and Address of Cui	Itogistored A	g		81	Name							
CAD	DET, IAN							N 1		-1-1-5			
	4 SW 42ND CT				82 :	Street Add	ress (P.O. Bo	Number is I	Not Accept	able)		-212	
DAV	/IE FL 33328	÷			83		1		, t	3	1.32411201		3 3 1 3
		•			84	City	-		e e e e e e e e e e e e		85 Z	ір Со	de
,	to the provisions of Sections 607.					•				<u> </u>	• <u>L</u>		
agent. 1 a	registered agent, or both, in the Starm familiar with, and accept the ob	ligations of, Section	607.0505, Flo	rida Statı	utes.	ia corporati	OII 3 DOGIG OI	a colora. 1 11		pr are es			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	e. (NOTE	Registered	Agent si	signature require	nd when reinstating	<u>.</u> H)		DATE			
	Signature, typed or printed name of registered	agent and title if applicable		Registered	Agent si	signature require			ES TO OF		AND DIREC		S IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered					signature require		ONS/CHANC	SES TO OF				S IN 12
12.	Signature, typed or printed name of registered OFFICERS)	13.	ΠE	signature require	ADDITI	ONS/CHANC	ES TO OF		AND DIREC		
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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)(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 prirustee 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90058 022 ***150.00