

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).

FILED
 Aug 11 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000086674 (3)
 1. Corporation Name
 KELLI A. GRAPIN L.C.S.W., P.A.



Principal Place of Business Mailing Address
 1175 NE 125 STREET SUITE 404 N MIAMI FL 33161
 1175 NE 125 STREET SUITE 404 N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 3043 N.E. 183 Lane 26 3043 N.E. 183 Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Aventura, FL 27 Aventura
 City & State City & State
 23 33160 28 FL
 Zip Country 29 33160 30 USA
 Country

3. Date Incorporated or Qualified
 10/07/1997
 4. FEI Number Applied For
 65-0790307 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 GRAPIN, KELLI A
 1175 NE 125 STREET SUITE 404
 N MIAMI FL 33161

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 3043 N.E. 183 Lane
 B3 Aventura, FL - 33160
 B4 City B5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0509, Florida Statutes.
 SIGNATURE: *Kelli Grapin* DATE: 7/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Kelli A. Grapin L.C.S.W., P.A. |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3043 N.E. 183 Lane |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Aventura, FL 33160 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 900002615379 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -08/13/98--01091--007 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***150.00 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Kelli Grapin* DATE: 7/20/98

CR2E034 (5/98)

KELLI A. GRAPIN, L.C.S.W., P.A.

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PSYCHOTHERAPIST
INDIVIDUAL AND GROUP THERAPY

7/20/98

To whom it may concern:

Please note that my address has been moved and no one forwarded my mail from my previous address. Therefore, I was unable to respond to your letter.

I would like to abate the \$400.00 four hundred dollar late fee and enclose a One hundred fifty dollar check to cover the original fee due. I would greatly appreciate your consideration in this manner.