FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07623** **(9)**

1. Corporation Name
J.D. GRAMM, INC.

Principal Place of Business
5723 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

Mailing Address
11900 BISCAYNE BLVD
505
MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0021590 — 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

8. *This corporation has liability for intangible tax under § 199.032 Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ELLIS, MICHAEL G.
5723 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

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 607.0505 and 607.0508 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
Signature of Registered Agent or Registered Agent's Attorney — Date

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLIS, MICHAEL G
STREET ADDRESS	11900 BISCAYNE BLVD 505
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	ELLIS, DONNA
STREET ADDRESS	11900 BISCAYNE BLVD 505
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge, believe, and belief, not quality, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained herein, when supplemented, shall be true and correct in all material respects, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is added to the report with my title.

SIGNATURE: Michael G. Ellis — 4/28/95 — 305-895-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL G. ELLIS

01M032 CP