

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S10488** (2)

1. Corporation Name
GRAPE, INC.



Principal Place of Business: **7053 NW 3RD AVENUE BOCA RATON FL 33487**
Mailing Address: **7053 NW 3RD AVENUE BOCA RATON FL 33487**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields.

3. Date incorporated or Qualified: **06/01/1990**
3a. Date of Last Report: **04/17/1995**
4. FET Number: **65-0341944**
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 s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **C.E. PASSMORE, 7053 NW 3 AVE, BOCA RATON FL 33316**
81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMORE, JAIMIE	12 NAME	
STREET ADDRESS	7053 NW 3RD AVENUE	13 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	14 CITY- ST- ZIP	
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLO, DONNA	22 NAME	
STREET ADDRESS	370 W. CAMINO REAL, #A-5	23 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	24 CITY- ST- ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMORE, C.E.	32 NAME	
STREET ADDRESS	7053 NW 3RD AVE.	33 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jaimie Passmore* 4/19/96 (407) 994-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)