

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65039** (7)

1. Corporation Name
GRANOLA DISK, INC.

Principal Place of Business Mailing Address
**20505 US 19 N.
STE. 12-197
CLEARWATER FL 34624
US** **20505 US 19 N.
STE. 12-197
CLEARWATER FL 34624
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1991** 3a. Date of Last Report **08/01/1994**

4. FCI Number **59-3072821** 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

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MARGOLIN, SHAWN E.
1802 N. SUNSET PT. RD.
CLEARWATER FL 34625**

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS **13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1101 TITLE	PST	1101 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME	MARGOLIN, SHAWN E.	1102 NAME	
1103 STREET ADDRESS	1802 N. SUNSET PT. RD.	1103 STREET ADDRESS	
1104 CITY, ST, ZIP	CLEARWATER FL	1104 CITY, ST, ZIP	
1105 TITLE	D	1105 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106 NAME	MARGOLIN, SHAWN E.	1106 NAME	
1107 STREET ADDRESS	1802 N SUNSET PT. RD.	1107 STREET ADDRESS	
1108 CITY, ST, ZIP	CLEARWATER FL	1108 CITY, ST, ZIP	
1109 TITLE		1109 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1110 NAME		1110 NAME	
1111 STREET ADDRESS		1111 STREET ADDRESS	
1112 CITY, ST, ZIP		1112 CITY, ST, ZIP	
1113 TITLE		1113 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1114 NAME		1114 NAME	
1115 STREET ADDRESS		1115 STREET ADDRESS	
1116 CITY, ST, ZIP		1116 CITY, ST, ZIP	
1117 TITLE		1117 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1118 NAME		1118 NAME	
1119 STREET ADDRESS		1119 STREET ADDRESS	
1120 CITY, ST, ZIP		1120 CITY, ST, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and that I am not liable for the information stated in Section 119.02(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the manager or trustee of a trust or company to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.1 if it changed or was an attraction, with its address.

SIGNATURE: *Shawn Margolin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 813 446 0236
DATE