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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56701

1. Corporation Name

GRANT PROPERTY MANAGEMENT COMPANY



Principal Place of Business

1700 S DIXIE HWY
SUITE 2AB
BOCA RATON FL 33432

Mailing Address

1700 S DIXIE HWY
SUITE 2AB
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1761 W. Hillsboro Blvd.
Suite, Apt. #, etc.

22 # 205
City & State

23 Deerfield Beach, Florida
Zip Country

24 33442

25 U.S.A

2a. Mailing Address

26 1761 W. Hillsboro Blvd.
Suite, Apt. #, etc.

27 # 205
City & State

28 Deerfield Beach, Florida
Zip Country

29 33442

30 U.S.A

3. Date Incorporated or Qualified

06/03/1991

4. FEI Number

65-0265220

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GUTENSTEIN, GARY J.
1761 W. HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH FL 33442

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME GUTENSTEIN, GARY J
STREET ADDRESS 1700 S DIXIE HWY #2AB
CITY-ST-ZIP BOCA RATON FL

TITLE V ☒ DELETE

NAME GUTENSTEIN, ADRIENNE M
STREET ADDRESS 1700 S DIXIE HWY #2AB
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Gutenstein, Gary J.
1.3 STREET ADDRESS 1761 W. Hillsboro Blvd. #205
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Gutenstein, Adrienne M
2.3 STREET ADDRESS 1761 W. Hillsboro Blvd. #205
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)