

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 243251 (6)

1. Corporation Name
GRIFFIN BROTHERS CO., INC.



Principal Place of Business: 2650 SW 196 AVE FT. LAUDERDALE FL 33332
Mailing Address: 2650 SW 196 AVE. FT. LAUDERDALE FL 33332

3. Date Incorporated or Qualified 12/28/1960	3a. Date of Last Report 02/13/1995
4. FEI Number 59-0915851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GRIFFIN, RICHARD A JR 13700 SW 16TH ST DAVIE FL 33325	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: _____ (Print Name of Registered Agent or Receiver) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	NAME GRIFFIN, RICHARD A JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 13700 SW 16TH STREET	3. CITY-STATE-ZIP DAVIE FL	1.2 NAME	
4. TITLE ST	5. TITLE <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
6. NAME GRIFFIN, TIMOTHY P	7. NAME <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS 10141 SW 16TH PLACE	9. STREET ADDRESS DAVID FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. CITY-STATE-ZIP VP	11. CITY-STATE-ZIP <input type="checkbox"/> DELETE	2.2 NAME	
12. NAME GRIFFIN, DANIEL D SR.	13. NAME <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
14. STREET ADDRESS 13730 SW 16TH STREET	15. STREET ADDRESS DAVID FL	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. CITY-STATE-ZIP VP	17. CITY-STATE-ZIP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME GRIFFIN, HOWARD A JR.	19. NAME <input type="checkbox"/> DELETE	3.2 NAME	
20. STREET ADDRESS 14299 SW 31ST CT	21. STREET ADDRESS DAVID FL	3.3 STREET ADDRESS	
22. CITY-STATE-ZIP	23. CITY-STATE-ZIP <input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. TITLE	25. TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	27. NAME <input type="checkbox"/> DELETE	4.2 NAME	
28. STREET ADDRESS	29. STREET ADDRESS <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
30. CITY-STATE-ZIP	31. CITY-STATE-ZIP <input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. TITLE	33. TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	35. NAME <input type="checkbox"/> DELETE	5.2 NAME	
36. STREET ADDRESS	37. STREET ADDRESS <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
38. CITY-STATE-ZIP	39. CITY-STATE-ZIP <input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. TITLE	41. TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	43. NAME <input type="checkbox"/> DELETE	6.2 NAME	
44. STREET ADDRESS	45. STREET ADDRESS <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
46. CITY-STATE-ZIP	47. CITY-STATE-ZIP <input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Timothy P. Griffin* 2/5/96 954-389-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TIMOTHY P. GRIFFIN SECRETARY/TREASURER

CR2E034 (12/95)