

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/28/1960 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-0915851 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|---|--------------------------------|--------------------------|
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| GRIFFIN, RICHARD A JR 13700 SW 18TH ST DAVIE FL 33325 | | | 81 Name | RICHARD A. GRIFFIN, SR. | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 2650 SW 195TH AVENUE | |
| | | | 83 | | |
| | | | 84 City | FT. LAUDERDALE | 85 Zip Code 33332 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|----------------------------------|--|---|--|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIFFIN, RICHARD A JR. | | 1.2 NAME | | |
| STREET ADDRESS | 13700 SW 18TH STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIFFIN, TIMOTHY P | | 2.2 NAME | | |
| STREET ADDRESS | 10141 SW 18TH PLACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVID FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | GRIFFIN, DANIEL D SR. | | 3.2 NAME | VICE PRESIDENT & DIRECTOR OF OPERATIONS | |
| STREET ADDRESS | 13730 SW 18TH STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIFFIN, HOWARD A JR. | | 4.2 NAME | | |
| STREET ADDRESS | 14209 SW 31ST CT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVID FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | RICHARD A. GRIFFIN, SR. | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PRESIDENT | | 5.2 NAME | | |
| STREET ADDRESS | 2650 SW 196TH AVENUE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PORT LAUDERDALE, FL 33332 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <i>Richard Griffin</i> | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 on an attachment with an address.

SIGNATURE: _____ **3/2/98** (954) 389-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # **0300211**

CR2E034 (10/97)