

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/28/1960		4. FEI Number 59-0915851		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. 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		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GRIFFIN, RICHARD A JR
13700 SW 16TH ST
DAVE FL 33325

10. Name and Address of New Registered Agent

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 FL 33332
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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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETED	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, RICHARD A JR.		1.2 NAME				
STREET ADDRESS	13700 SW 16TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	DAVE FL		1.4 CITY-ST-ZIP				
TITLE	ST	DELETED	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, TIMOTHY P		2.2 NAME				
STREET ADDRESS	10141 SW 16TH PLACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	DAVID FL		2.4 CITY-ST-ZIP				
TITLE	VP	DELETED	3.1 TITLE	VICE PRESIDENT & DIRECTOR OF OPERATIONS			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, DANIEL D SR.		3.2 NAME				
STREET ADDRESS	13730 SW 16TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAVE FL		3.4 CITY-ST-ZIP				
TITLE	VP	DELETED	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, HOWARD A JR.		4.2 NAME				
STREET ADDRESS	14200 SW 31ST CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	DAVID FL		4.4 CITY-ST-ZIP				
TITLE	RICHARD A. GRIFFIN, SR.	DELETED	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		DELETED	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/98

(954) 389-0003

Date

Daytime Phone # 0300211

CR2E034 (10/97)