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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 449574 (3)

1. Corporation Name
GROSHIRE DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address

**4601 PONCE DE LEON BLVD
STE - 230
CORAL GABLES FL 33146
US**

**4601 PONCE DE LEON BLVD
STE - 230
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified: **04/02/1974** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 **10118 Royal Palm Blvd** 25 **10118 Royal Palm Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Coral Springs FL** 28 **Coral Springs FL**

Zip Zip Country Country

24 **33065** 25 **US** 29 **33065** 30 **US**

4. FEI Number: **59-1522260** 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 S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GROSS, STEVEN D.
4601 PONCE DE LEON BLVD
STE - 230
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name: **Gross Steven D.**

82 Street Address (P.O. Box Number is Not Acceptable): **10118 Royal Palm Blvd**

83

84 City: **Coral Springs** FL 85 Zip Code: **33065**

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, as 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: Steven D. Gross Pres. DATE: 4/25/95

Signature typed or printed name of registered agent and title (Appendix A) (NOTE: Registered Agent cannot be himself) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROSS, STEVEN D.
STREET ADDRESS	4601 PONCE DE LEON BLVD / STE 230
CITY - ST - ZIP	CORAL GABLES FL
TITLE	S
NAME	WESSLER, ROBERT
STREET ADDRESS	150 W FLAGLER ST 2200
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gross Steven D.
13 STREET ADDRESS	10118 Royal Palm Blvd
14 CITY - ST - ZIP	Coral Springs FL 33065
21 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	James M. Gross
23 STREET ADDRESS	10118 Royal Palm Blvd.
24 CITY - ST - ZIP	Coral Springs FL 33065
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 included 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, unchanged, or on an attachment with an address.

SIGNATURE: Steven D. Gross, Pres. DATE: 4/25/95 (305)340-0014

Signature typed or printed name of signing officer or director Date Telephone Number