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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 483873

CENTURY 21 GRANT REALTY OF FLORIDA INC.

D-111-D1-		FLORIDA, INC.			
	ce of Business	Mailing Address			
6450 SEMINOL SEMINOLE FL	LE BOULEVARD 33772	6450 SEMINOLE BOULEVAL SEMINOLE FL 33772	RD	1	
US US			DO NOT WRITE IN THIS SPACE		
		•••		3. Date Incorporated or Qualifed	0 01710-
				09/03/1975	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1620639	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. 35 Made of Old 15 June 1	Fee Required
City & Sta	ite .	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zin	Country	Trust Fund Contribution	Added to Fees
⊢	Country	Zip	Country	8. This corporation owes the current year In	
24	25 9. Name and Address of Curre	29 29 Anent	30	Personal Property Tax. 10. Name and Address of New Registered	Yes No
	5, Hailie alla Adaless VI Com	ant Kehlereran Wherir	81 Name	10. Haille alle Address of Hew Registered	Agent
	ANT, CONRAD			·	
645	O SEMINOLE BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SEM	MINOLE FL 33772		83	7 17 3 4 4 1 5 1 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1	alan and book and the gradition
				一	制的計劃器制圖
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statuti	es, the above-named com	poration submits this statement for the purpose of	f changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corporation	ion's board of directors. I hereby accept the appo	intment as registered
_	· -	ations of, Section 007,0000, Flor	nda siaiules.		
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE			
12.		ent and title it applicable. (1401E.	: Registered Agent signature require	ed when reinstating) DATE	·
Total E		ND DIRECTORS	: Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PTD		•	1	ND DIRECTORS IN 12 Change Addition
NAME	PTD GRANT, CONRAD B	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
	PTD Grant, Conrad B 6450 Seminole BLVD.	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	
NAME	PTD GRANT, CONRAD B 6450 SEMINOLE BLVD. SEMINOLE, FL 34642 33772	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AF	
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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 acquirate 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 all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727-397-6666

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90005 005 ***158.75