

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 # 498066

1. Corporation Name
GRAFAIR, INC.

Principal Place of Business
465 NIEUPORT DR.
VERO BEACH FL 32968
US

Mailing Address
P.O. BOX 2885
VERO BEACH FL 32961
US

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90085 015 *****8.75
04-01-1999 90085 016 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 465 NIEUPORT DR Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 2885 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/02/1976	
23 VERO BEACH FL Zip Country 24 32968 25 U.S.A.		28 VERO BEACH, FL Zip Country 29 32961 30 U.S.A.		4. FEI Number 65-0404206 Applied For Not Applicable	
9. Name and Address of Current Registered Agent GRAFSTROM, BENGT 465 NIEUPORT DR. VERO BEACH FL 32968		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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.		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature, typed or printed name of registered agent and title if applicable.		83			
(NOTE: Registered Agent signature required when reinstating)		84 City		85 Zip Code	
		FL			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFSTROM, BENGT	1.2 NAME	
STREET ADDRESS	465 NIEUPORT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFSTROM, INGA	2.2 NAME	
STREET ADDRESS	465 NIEUPORT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFSTROM, HELENE (married)	3.2 NAME	WOLFENDEN HELENE
STREET ADDRESS	465 NIEUPORT DR.	3.3 STREET ADDRESS	2395 43RD AVE
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFENDEN, IAN	4.2 NAME	
STREET ADDRESS	2395 43RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7AN 15-99/561-569-4650
Date Daytime Phone #

CR2E034 (11/98)

0120930