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

FILED Mar 25, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris **Secretary of State** --ANNUAL-REPORT Secretary of State DIVISION OF CORPORATIONS 03-25-1999 90009 039 \*\*\*150.00 1999 DOCUMENT # 654421 1. Corporation Name GRACE'S CENTER, INC. Mailing Address Principal Place of Business 1235 N.E. 4TH COURT 1235 NE ATH COURT BOCA RATON FL 33432-2811 **BOCA RATON FL 33432-2811** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/31/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1966564 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip This corporation owes the current year Intangible Zin □ No 30 Personal Property Tax. 25 29 24 10.\_Name.and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GROSSO, DOMENIC L. Street Address (P.O. Box Number is Not Acceptable) 82 900 N. FEDERAL HWY. # 420 **BOCA RATON FL 33432** 83 Zip Code 84 City 85 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) Signature, typed or printed name of registered agent and title if applicable CR2F034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. [T] Change ☐ Addition SD □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME KERR, SUSAN 343 PINE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE TITLE 2.1 TITLE DEVINE, JOANNE NAME 2.2 NAME 425 NE 12TH ST 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIF ☐ Addition □ DELETE Change 3.1,TTTLE\_\_ -TITLE .VD\_ GROSSO, DOMENIC 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 900 N. FEDERAL HWY. **BOCA RATON FL 33432** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE GROSSO, GRACE 4. 2 NAME NAME 1235 NE 4 CT 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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.

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SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP